1 PLACE OF DEATH	STATE OF MARYLAND
0. 0/	CERTIFICATE OF DEATH
County	Registration Dist. No.
1 2 2	16sheld Registration Dist. 140.
Village or City Millow (No. Onerg.	St.: Ward) (If death occurred in a hospital or institu-
1 Dog	ion, give its NAME in-
2 FULL NAME SOME	/ velly wilmber.)
	MEDICAL SERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE & SINGLE, MARRIED, Married	January 11 19830
male White OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended the deceased from
Olaki-Da and	
011111100 M, 1407	that I last saw h, alive on, 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
Jyrsmosdsormin. ?	Arcelured Shull
8 OCCUPATION	consed by Antombe
(a) Trade, profession or stone mas on!	Accident
(b) General nature of industry	(Duration)yrsmosds,
business, or establishment in which employed or (employer)	William Committee the Committee of the C
9 BIRTHPLACE	Contributory Secondary
Washington D. C.	(Duration)yre mos da
10 NAME OF	(Signed) four the (4 of being toly longing
John ! elley	Jan 12 192 O (Address) Am Lolling
BIRTHPLACE OF FATHER (State or country) Hashington D. C. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
(State or country) Hashington D. C.	Violent Causes, state (1) Jeans of injury: and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER TO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients, or Recent Residents) At place lnthe
(State or country) Was him stand . C.	of death yrs. mos da. State, yrs mos da
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
( Mya 11/6 H - ST N. E.	Former or usual residence.
(interment)	19-PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
(Address) (Alashiylor: V. C.	nelastita 100 laula 31
15	Quindertager a (Address)
Filed fun 12 193) fory 6 . fra les	To me - Mark 69 C
Registrar	Jimothy Hanon yourn.
if more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S No. L

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But rhould be used only when needed. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages as Sorrout. Cook to report specifically the occ pations of persons enployed, as At achool or At home fare should be taken work, or At Home, and children, not gainfully emdefinite calary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a an at home, who are engaged in the duties of the Tonorer. Farm laborer, Laborer-Coal mine, etc. Wont Never return "Laborer." "Foreman." "Manager." "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Hred 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. whatever, write None. pinner, (b) Cotton mill; (a) Salesman. (b) Grocery; Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed As examples: (a) The material ін шану

Blacement of Cruse of Peath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphth ria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia."):

use of "Tumor" for malignant neoplasms); Measles; myes. peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia." "Anaemia" stated unless important. ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart rulsions." "Debility" ("Congenital," "Senile," etc.) (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; as probably such. If impossible to determine definitely and qualify as ACCIDENTAL. SUICIDAL. OF HOMICIDAL, OF State cause for which surgical operation was under "Purperal septimemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia." "Weakness." etc., when a definite disease quences (e. g., sepsis, totanus) may be stated under the train accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on Possoned by carbolic acid-probably suicide. The naof the injury, as fracture of skull, and conseof "contributory." (Recommendations on state-For VIOLENT DEATHS STATE MEANS OF INJURY Example: Measles failurc." "Haemor-The contributory (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B.--

1PLACE OF DEATH	14609 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
10-1	Registration Dist. No.
Village or City annapoles (No. Energen	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Vennal Whith Single, Married Wildowsb. Or DIVORCED (Write the word)	16 DATE OF DEATH Sullinky 16, 1923
6 DATE OF BIRTH May 24 , 1882	17 I HEREBY CERTIFY, That I attended the deceased from  10 /3 1920 to Husting /6, 1930,  that I last saw h. 4 alive on Illustry / Last 1930,
(Mgnth) (Day) (Year)	1/20
7 AGE  # Syrs. 6 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows: Cardin Vascular
8 OCCUPATION (a) Trade, profession or House Wife particular kind of work	Meeorc
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds.
9 BIRTHPLACE (State or country) Virginia	Contributory Secondary  Duration) yrs
10 NAME OF Prohand Harvey	(Signed) / Self all all M. D.
OF FATHER (State or country) Virginia	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sue Perkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	At place of deathyrsmosds. In the Stateyrs3mosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Address) Iglihal's mik	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DEL 17-, 19
15 Filed 1 7 1923 0 \$ 1974 & Magatras	B L Hopping amopolis
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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### PLACE OF DEATH

(State or Country)

Filed

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

Crownsville, Maryland



### STATE OF MARYLAND CERTIFICATE OF DEATH

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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Anne Arundel County

Registration Dist. No.

a hospital or institu-tion, give its NAME in-stead of street and

number.)

St.: Ward)

Vil	lage or City	rownsvil	le State	Hospital	
	<sup>2</sup> FULL NA	AME.	James	Kennard	J0000000 0= 0000000044 000
	PERSONAL	ND STATIST	ICAL PARTIC	ULARS	
		lack	MARRIED, WIDOWED, OR DIVORCE (Write the wor	D	16 DATE
6 [	OATE OF BIRTH	Unknown (Month)	) (Day)	, 1.891 (Year)	July
7 4	AGE39	yrs.	moss O WM d	If LESS than I day hrs.	and that The CAUS
p	DICCUPATION  a) Trade, profession  carticular kind of the control  b) General nature  business, or establish which employed or the control  control	of industry hment in	er and Ca	rpenter	*************
	(State or country)	35 3	and		Contri
	10 NAME OF	Jess I	Kennard,	dead	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or count	Mary]	Land		*St Violent
PARE	12 MAIDEN NAM OF MOTHER	Sarah	r Creight	on, dead	Accider
	13 BIRTHPLACE	75	7 7		At place

June 1st, 19230
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
July 5th, 192 9 to June 1st , 192 3 that I last saw h imalive on June 1st , 192 3 and that death occurred on the date stated above, at 1:30P m
Chronic Interstitial Nephritis
(Duration) yrs 6 mos ds
Contributory Sementia Praecox = parano
Signed M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place 11 mos 26 ds. In the State Isisfet nime ds Where was disease contracted, f not at place of death?
Former or Dorchester County, Md.
PLAGE OF BURIAL OR RESONAL DATE OF BURIAL (193)

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, nature of the business or industry, and therefore an cupation is very important, so that the relative healthfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Form laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Home, and children, For persons who have no occupation (b) (a) the kind of work and also (b) the If the occupation has been changed Automobile factory. The material Laborer--Coul mine, etc. Womnot gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the pisses causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by curbolic ocid-probably suicide. Then ture of the injury, "PUERPERAL septicuennia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by ruilway traintaken. Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomendature "Heart failure," "Haemorrhage, Chronic valvulor heart diseose, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	0125 STATE OF MARYLAND
County Ct-	CERTIFICATE OF DEATH
( Mech	Registration Dist. No.
Village or City Crusple (No. 2FULL NAME Dorolly Kerly	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    Gau. 31 , 1930
6 DATE OF BIRTH  April 29th, 1917  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980. to Jan 31, 1985, that I last saw h & alive on Jan 31, 1923,
7 AGE  2 yrs. mos. 3' ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vis. mos 4 ds.
9 BIRTHPLACE (State or country) Changele of Week	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER Charles / Yerley	(Signed) J. Willia Markin M. D. 41 1982 (Address) Jamas palis Mg
of Father (State or country) Q. Q. Lo. Tull,	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sadie Davis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Q. Q. Lv. rud.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Sadie Ruly	Former or usual residence
(Address) Carryoli Heck	amabeli Week tely 2, 1930
Filed FV 1 19232 Joy L. C. fra a no	John W. Jayla Cample
If more branks are needed, address State Registrar	, 1 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Thanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic and consequences (e.g., sepsis, etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0		PHYSICIANS	Exact statement of
	REC	EXACTLY.	
DNIDNI	PERMANENT	uld be stated EXACTLY.	properly classified

1 PLACE OF DEATH

0104 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF 5 SINGLE. 16 DATE OF DEATH 3 SEXI 4 COLOR OR RACE MARRIED, WIDOWED (Day) OR DIVORCED (Year) of certificate. deceased from O DATE OF BIRTH (Year) (Day) (Month) it may be If LESS than 7 AGE and that death occurred on the date stated abov AGE 1 day, hrs. back The CAUSE OF DEATH \* was as follows: mlg. ? OR that ons on OCCUPATION supplied (a) Trade, profession, or garticolar kind of work SO (b) General nature of industry terms, instructi business, or establishment in carefully which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) See 10 NAME OF pe ב FATHER (Signed) pino important. H RENTS 30 11 BIRTHPLACE \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER d (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 1 SUICIDAL OF HOMICIDAL FO 12 MAIDEN NAME OF MOTHER b. 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 informa SAUSE ( 13 BIRTHPLACE Ve OF MOTHER 53 (State or country Every item of ini should state CAU OCCUPATION Where was disease contracted, 14 THE ABOVE IS if not at place of death Address m If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hause-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Gracery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ness of various pursuits can be known. The question is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative licalthful-For persons who have no occupation whatever, Stationary fireman, etc. The material worked on may form part Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect-to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy,
"Convolsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. " "Old Age," "Shock," "Uraemia," "Weakness, when a definite disease can be ascertained as the by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 4 1930

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### PLACE OF DEATH

Village or City

3 SEX

male

6 DATE OF BIRTH

OCCUPATION

BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE

OF MOTHER

(State or country) 12 MAIDEN NAME

(State or country) 14 THE ABOVE IS TRUE TO THE BEST O

(a) Trade, profession or particular kind of work

(b) General nature of industry

which employed or (employer)

business, or establishment in

County	Anne i	lrundel	

2FULL NAME Rober

4 COLOR OR RACE 5

colored

Dacembe

A.A.Co

A.A.Co

A.A. Cor

Frank Han

PERSONAL AND STATISTIC

(No.

### 05203 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 21
Trogioti delon	20 1000	

St:	Ward)	(If death occurred in a hospital or institution, give its NAME in stead of street and
		number.)

t King	number.)		
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SINGLE, MARRIED, WIDOWED, OR DIVORCED Marrie (Write the word)	16 DATE OF DEATH  May I6 , 1920		
22 , 1877 (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from April 1929 to May , 1930, that I last saw h implies on May I3 , 1930,		
If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:		
TO THE			
	Contributory NONE Secondary		
•	(Signed). Z. A. Stell M. D.		
	May I6 30 (Address) Pasadena, Md.		
•	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
79	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
inty	At place of death yrs. mos. ds. State yrs. mos. ds.		
F MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
	Former or usual residence		
dysadena, Md.	Magothy Cemetery  Date of Burial May 18 1930		

properly classified. CORE ms so that it may be properly class nestructions on back of certificate. should be carefully E OF DEATH in plai importan CAUSE O of information Every item of inform CIANS should state statement of OCCUP.

V. S. No.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when necded. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. not gainfully emmaterial Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

approved by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Chronic Example: Measles (disease chopncumonia (secondary), etc. affection need valvular Nomenclature of the The contributory Always quality all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

loate.	Village or City Carrel (No. 2FULL NAME Sarah Kirbs	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 2/  St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
96.0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
18 on back of o	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (Month) (Day) (Year) (Y
truction	7 AGE (Month) (Day) (Year)  7 If LESS than I dayhrs.	and that death occurred on the date stated above, at
t. See ins	yrs	Rechets
mportan	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Ografic Country	Contributory Secondary (Duration) yrs. mos ds.
Is very I	10 NAME OF BENJamin Knirby 11 BIRTHPLACE	(Signed) (Address) Reworking In D.
ATION	OF FATHER (State or country) NESS RVEY Md.  12 MAIDEN NAME Couth Thomas.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
סטטס	13 BIRTHPLACE OF MOTHER (State or Country)  WEST River Md	At place In the of deathyrsmosds. Stateyrsmosds.  Where was disease contracted, if not at place of death?
ratement of	(Informant) Bent - Kirby  (Address) Careft Tarols	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 30
9	15 Filed har 2/ 1930 Stray 6 C. fry a Nike Registrar	20 UN DERTAKER  ADDRESS  HT Woshington  16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., For many occupations a especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be ss important. Example: Measles (disease valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	08969 STATE OF MARYLAND
County Anne Brendel	CERTIFICATE OF DEATH Registration Dist. No
Village or City Church In (No	St.: Ward) (If death occurred in a hospital cr institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED Marie WIDOWED.  (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  I HEREBY (RTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I ast saw her alive on County 19 193
7 AGE   If LESS that I day hrs.   de. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	onger limbs of Spread
business, or establishment in which employed or (employer)	Contributory Culture
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF PATHER OUtllease, Kirchne	(Signed) Malan Carol M. M. Gers 20 1980 (Address Vest Pour Md
OF FATHER  Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MORE TO THE TOTAL TO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Travients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos mos state
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Into mant) Mary & Hyofmer	Former or usual residence
(Address) Churchton Or.	Sugger Centles and 1 19
15 Files 30 19230 frag 6 C frags	HO UNDERTAKER HOPPING amapela
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Sulcsman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to -report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firenan, etc. But in many whatever etc., For many occupations a single word or term on ins). Farm laborer, Laborer-Coal mine, etc Womwrite None. without more precise specification as Day For persons who have no occupation not gainfully empersons enmaterial (ironary;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., separs, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid Never report more symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nophritis, etc. cough; Chronic Carcinoma, valvular heart discuse; Nomenclature of the The contributory Sarcoma, etc., of Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

THIS IS A PERM.	plied. ACE should rms so that it may
WRITE AINLY, WITH UNFADING INKTHIS IS A PERM.	Every item of information should be carefully supplied. ACE should CIANS should state CAUSE CF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on his
MINLY, WITH	of information should state CAUSE CI
WRITE	CIANS shou

Filed July 1

No

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	1				
PLACE OF DEATH			07616	STATE OF	MARYLAND
County Anne Arundel				CERTIFICATE	OF DEATH
			(188-6)	Registration	Dist. No. 27
Village or CityFt. George G. Meade (No				St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSON	NAL AND STATISTI	CAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Male	4 COLOR OR RACE	5 SINGLE.  MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH		, 19 <b>3</b> 0 (Day) (Year)
DATE OF BIR	TH		•		tended the deceased from
	October	24 1909	June 30	) 1920 to Jul	y 1920.
	(Month)	(Day) (Year)	that I last saw him	alive on Ju	ly 1 , 19230,
20 yrs. 8 mos. 7 ds. or min.?  OCCUPATION (a) Trade, profession or particular kind of work Soldier (b) General nature of industry		The CAUSE OF DEAT			
business, or e which employ	stablishment in ed or (employer)	U. S. Army	Contributory Shock and hemorrhage		
Penna.  10 NAME OF FATHER Isaac Kissinger			Contributory Secondary  Secondary  Ouration)  Ours, Omos 1 ds.  (Signed)  Ouration)  Ouration)  Ouration  Ouration		
					OF FATH (State of
12 MAIDEN		ger			
13 BIRTHPLACE OF MOTHER Penna. (State or Country)		At place of death 1 yrs 6 mos. ds. In the State 1 yrs 6 mos ds			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				he place of	
Informant	Mrs. Bessie	Wetzel	usual residence Ft. G	eorge G.Meade,	
	CIC W. Main	000	19 PLACE OF BURIA		DATE OF BURIAL
(Address) Tremont, Penna.		Valley View,	Penna.	July 4 , 19 30	

ADDRESS

Valley View, Pa.

If more beanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Arthur Buffington

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons ennner, (b) Cotton mill; (a) Sulesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic ccrebroto time and causation), using always the same accept-EALD CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death approved by Committee on Nomendature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association:) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. The contributory affection need valvular heart Always qualify all disease ; not be

answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l qu stions

V. S. No. 1

PLACE OF DEATH	01218 STATE OF MARYLAND
County arm amedel Co	CERTIFICATE OF DEATH
	(45)
Show to On 1 Fam.	Registration Dist. No.
Village or City Mulafiles for - Cliff	regency Heafelast: Ward) a hospit of or ins
1 = /101 - //01	tion, give its NAMI stend of street
FULLSNAME GOGGAGIO KE	rulau number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF CEATH (1)
WIDOWED. WILL OR DIVORCED	1 1 W. 1 Ly , 10
(Write the word)	Hul-12 (Month) 9 N(Day) (Year
DATE OF BIRTH	17 / HEREBY CERTIFY, That I attended the deceased f
1100100 1878	TTW- 6 1920 to 7 W. 12, 18
(Month) (Day) (Year)	that I last saw h pervalive on 7 10 1 ) , 192
7 AGE Office IIILESS than	11.0
I day hrs	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.	(1) Calcumus 2 cutistines
8 OCCUPATION (a) Trade, profession or	(laser)
a) linde, profession of	
particular kind of work	
particular kind of work A W Water Sec. (b) General nature of industry	
particular kind of work A Workar 200	(Duration) Jyrs. mos.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
(b) General nature of industry business, or establishment in which employed or (employer)	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  () Called of States of the mos.
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  () Melally polyther mos (Signed), Aret Fayelles and Market for the secondary
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Secondary  () Callelled English Staff mos.  (Signed) Address) www.afile.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) (Address) (State of the Discuss Causing Death or in deaths (rec
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 COUNTRY  13 BIRTHPLACE OF FATHER (State or country)  14 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  22  33  34  35  36  37  38  38  38  38  38  38  38  38  38	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tables)
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  22  24  25  26  27  38  38  38  38  38  38  38  38  38  3	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  AUGUST  AU	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainers or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos.
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from the Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place  In the
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, if not at place of death?  Former or usual residence.
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  **Taking the Date of Burial Or Removal  **Taking the Date of Burial  **Taking the
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

loborer, Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in donnestic service for wages, as Screant, Cook ployed, as Al school, or Al home. Care should be taken work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Fordman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Howsemoid, etc. If the occupation has been changed to report specifically the occupations of persons whatever, write None. Foremon, For many occupations a or At Home, and children, not gainfully em-Farm laborer, Luborer-Coal mine, etc. Wom-(b) Automobile factory. The material single word or term on Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhilheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (Recommendations on statement of cause of atic), stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite discase "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Exhaustion," American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be " " Marasmus, " " Old Age, Chronic valvulor heart disease; etc. The " Shock, contributory "Dropsy, Meusles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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SI-

PLACE OF	DEATH
County Anne	Arundel



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Annapolis Md (No. 151 Pr.	ince George St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED Married WHITE WHITE OR DIVORCED (Write the word)	16 DATE OF DEATH (Leig 26, 19250
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from
August 30 , 1871	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   IlfLESS than	
l dayhrs.	and that death occurred on the date stated above, at
58 yrs. 11 mos. 26 ds. or min.?	Sudden
occupation (a) Trade, profession or	Heart Lroubles
particular kind of work Watch Maker  (b) General nature of industry	
business, or establishment in	(Duration) vrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
Baltimore Md.	yrsyrsds.
10 NAME OF	(Signed Jour M of Sphun Arty Coungs)
Louis knackstedt	Ang 27 190 (Address) Am Solli Ma
OF FATHER	
C (State or country) Germany	*State the Itisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Agnes Jeorres	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Germany	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
Mag Touris & Vo. 1 1 1	Former or usual residence
(Informant) Mrs Louis 6. Knackstedt 151Prl. Geo.St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Annapolis Md	0-3 - 73 00 0 1
	20 UNDERTAKER ADDRESS
Filolog 28 1930 Joseph C. Joyce ha	
Registrar	John M. Taylor Annapolis Md

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the (a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material to For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. know (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact PERMANENT BINDING FOR V NLY, WITH UNFADING INK-THIS IS MARGIN RESERVED

WRITE V. S. No. 1 ż

	PLACE OF DEATH	14610 STATE OF MARTLAND
-	County W. W.	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village of City amapolis, (No. Nava	
IIICare	2 FULL NAME Frederick N. Koll	stead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מכא סו	Marie White Single or Divorced (Write the word)	16 DATE OF DEATH December 4, 1930  (Month) (Dsy) (Year)
uo su	6 DATE OF BIRTH  ANGLE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 23 1920. to WEC. 4, 1920, that I last saw h som alive on WEC. 4, 1920,
structio	7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 3: 43 p.m.  The CAUSE OF DEATH * was as follows:
200 III	a occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Turpura Humorrhagica
mportant	business, or establishment in which employed or (employer)	Contributory Intestinal Removerhage
, IB	(State or country) Washington  10 NAME OF	(Signed) (Durstion) yrs mos ds.
8 40	FATHER J. N. Kollock	DEC. 4 1930 (Address Maral Hospital aucepte, no.
20	OF FATHER (State or country) Un known	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Untenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country) Un Conown	At place of death yrs mos. ds. In the State 3 yrs mos ds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent	(Informant) Naval Hospital Records	usual residence
statem	(Address) annapolis Mdr.	World densley De 5, 1,30
Ø	Filed Just 1920 Josephe Green 20	Dyndertaker Hopping innofile
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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3 .

### 03925 STATE OF MARYLAND CERTIFICATE OF DEATH

129

Registration Dist. No. ....

First Ave st.	Ward)	(If death a hospital tion, give its stead of number.)	NAME In-

MEDICAL CERTIFICATE OF DEATH
is date of Death 4 - 13 , 193 0
I HEREBY CERTIFY, That I attended the deceased from
apil 1929, to apil 13, 1923
that I last saw him alive on april 13 1930,
and that death occurred on the date stated above, at
The CAUSE OF DEATH & was as follows:
Chronic Nephrites
Contributory Secondary
(Signed) The Re Campbell M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
At place of deathyrsmosda, ln the State,yrsmosda.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
Holy Cross. 14/16 1030
ADDRESS
I. Hew M. Coully 1306. Forta

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement.
Never return "Laborer," "Foreman," "Managor," "Dealshould be used only when needed. As examples: (a) a ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; Civil engineer, Stationary firemen, etc. But in many Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou without more precise specification as Day For persous who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); fever (the only defluite synonym is "Epidemie eerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as rhage," "Juaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conuse of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory quences train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicuentia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease vulsions." eausing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid ment of cause of death approximation ment of cause of ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart be stated under t.

commendations on state approved by Committee on commendation.)

are in blocked over thoroughly and all quested in the air is essected and must be obtained before certificant is regrmanishy filed. "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease Struck by railway (merely (second-

tions answered ence. All the the certificati If this certificate

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT BINDING A MARGIN RESERVED FOR AINLY, WITH UNFADING INK--THIS WRITE

V. S. No.

PLACE OF DEATH	03926 STATE OF MARYLAND
County My Trundel	CERTIFICATE OF DEATH
le l'an	Registration Dist. No.
Village or City Jambrille (No.	St.: Ward) (If death occurred in
2 FULL NAME Robert N.	Kebs tand a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Wite the word)	16 DATE OF DEATH Apr. 23. , 1930. (Month) (Day) (Year)
6 DATE OF BIRTH May 16, 1893	that I last saw h M alive on Afri, 22 1930.
7 AGE III LESS than	and that death occurred on the date stated above, at 12.35 Am.
36 /1 23   day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	Lobar Premu onia
(a) Trade, profession or lowy Vampler	COVEY O'RELIE SILLA
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) you mos 9 ds.
9 BIRTHPLACE (State or count Rockbridge Co. Va	Secondary Pulmingry 7.8 above to the secondary Pulmingry 7.8 above to the secondary of the
10 NAME OF Hamilton Freso	(Sight) John M. Glaffy M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother andle forces	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER BOTT	ients or Recent Residents) At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
Unidantes Rotto, M Bueto	Former or usual residence
(Miller Hambriels bin I	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Chlington Nat Cent 912 to 19
Filed 7 1923 O Registrar	R. J. Wieliam on Walnunghers
If more blanks are needed, address State Registral	e, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03026

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). ., without more precise specification as Day Farm laborer, Laborer—Coal minc, etc. Womwho are engaged in the duties of the For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraernia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic ," "Coma," "Convulsions, valvular heart etc. affection The contributory need not be disease; etc., of

. If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITI	a noi
INLY,	N. B Every item of Information st
Ш	0
WRITE	iter
*	EVOLY
1	. B

1PLACE OF DEATH			12140	STATE OF	MARYLAND		
1	County A. A.				(1.9)	CERTIFICATE	
	# *0000000FF7794891 2000 77-7794 99400	************************	000000000000000000000000000000000000000		(80)		Dist. No. 22
Vill	age or City <b>Jess</b> 1		Hos		of Correcti Jessup.Md.	ON St.: Ward	
	PERSONAL ANI	STATISTI	CAL PARTICI	ULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 5		R OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCES (Write the word	0		r 16 - 1930	, 192 (Day) <b>17-193</b> -)
6 D	ATE OF BIRTH				,		ended the deceased from
? . 1868				30 192 to Oct			
	***************************************	(Month)	(Day)	(Year)	that I last saw hi	m alive on Oct.1	6-30 , 192 ,
7 AGE    If LESS than   day   hrs.   day   hrs.   or   min.?     Coccupation   factor   facto				TH * was as follows:	above, at5		
			ry worker	•			
by	) General nature of i isiness, or establishme hich employed or (em	ent in	nese Laur	ndry.			
9 BIRTHPLACE (State or country) China			Contributory DI Secondary	ug Addict (C	pium)ds.		
	10 NAME OF FATHER		?		(Signed) Welio- Oct.17-30,2	(Address) Jessu	D. Md . M. D.
FNTS	C (State or country)			Discase Causing Death, state (1) Means of In			
PAR	OF MOTHER		?		The second secon	ESIDENCE (For Hospi	tals, Institutions, Trans-
1	13 BIRTHPLACE OF MOTHER (State or country)		?		At place 0 yrs. 1	mos. 14 ds. In the	eyrsds,
(Address) Jessef, Med,			Where was disease cor if not at place of the former or usual residence	china	Balts Ms.		
			Baltimor	& Cemeter	Turing, 1930		
15 51 10ek/7th 1032 holan 4 Hone				Cashel	20 UNDERTAKER	7	ADDRESS

Registrar

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons ention applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or yrs). For persons who have no occupation Farm laborer. Laborer-Coul mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; At Home, many occupations a single word or term on (b) Automobile factory. The material and children, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corprospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, belawws) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuennia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid cough; "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valeular Nomenclature Always qualify all heart disease; not be death

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

96

impo

Very

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(Year)....

deaths from

### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report hou ehold only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ferebrospinal to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") Lobar (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dcfinitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cougn; Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY by or intercurrent) affection need not be ss important. Example: *Measles* (disease Committee Chronicon Nomenclature valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in deal it will prevent urther correspondence. All the data is essential and multiple of lines before the certificate is permanently file.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INLY, WITH UNFADING INK--THIS IS A PERMANENT WRITE N. B.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County a a	© CERTIFICATE OF DEATH
1 26.05 13 11	Registration Dist. No. 21
Village or City (No.) (No.) 2FULL NAME Emma . E.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED.	16 DATE OF DEATH Od-29, 1936
Sinole Whole OR DIVORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH Quy 14 1929	17 L HEREBY CERTIFY, That I attended the deceased from 2 2 2 1930. to 29 1930.
(Month) (Day) (Year)	that I last saw h alive on Oct 27, 1920.
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
yrs. mos. / de. or min.?	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or	ni cost mint
particular kind of work	a Thymis - Os phypus
business, or establishment in	Duration Since better de
which employed or (employer)	Contributory Breuchites
9 BIRTHPLACE (State or country) Anna Soolio Mix	Secondary  A (Duration)  Secondary  Dyre model de,
TO NAME OF GREATH, US Jacky de	(Signed), Hours Pursus M. D.
11 BIRTHPLACE	(Address) Munafoles has
OF FATHER (State or country) annapolis md  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, br, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Edith Bank	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Wish Vinginia	of deathrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of dee.h?
(Informant) aresta W Zacly An	Former or usual residence
(Address) ann apolio m	Leedar Bleef 6 430, 1930
15 File Oct 30 1923 of south C. fr co 2009	B L Hopping aunafrais
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a er," etc., Physician. Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebréspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	07617 STATE OF MARYLAND
County anne arundel.	CERTIFICATE OF DEATH Registration Dist. No.2/
Village or City Swerna Park (No	St.: Ward) (If death occurred in a hospital translation in NAME in-
2FULL NAME Joseph Henry	/ Xamon number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Tear)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 28-, 187	that I lest saw h and elive on Luly 2/ 1923
(Month) (Day) (Year	and that death assured on the date stated shove at
I day	hrs. The CAUSE OF DEATH * was as follows:
60 yrs. 6 mos. 26 ds. or mi	in? Chrons Valrulas Descare
(a) Trade, profession or Mail Clerk -	of the Heart
(b) General nature of industry	
business, or establishment in which employed a r (employer)	Contributory Chronic Saturation Rephal
9 BIRTHPLACE (State or country) Balto. Md.	Secondary (Duration) 7 yrs mosds.
10 NAME OF Milliam Lamon.	(Signed) James S. Bellingolea, M. D.
OF FATHER  (State or country)    State or country   Stelland   State or country   Stelland   State or country   Stelland   State or country   Stat	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Claya Jane Kensy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Thornson	At place In the of death yrs mos. ds. State yrs ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
a My Los Lauren,	Former or usual residence
(Informant) Severa PK. Mel	Louden Park Ceah, July 25, 19 30
15 Filed mly 34 19236 Registra	20 UNDERTAKER ADDRESS Back, Md.
If more blanks are needed, addross State Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.

or given up on account of the DISEASE CAUSING DEATH. er,' et , without more, record mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) should be used only when needed. As examples : c additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e g. . Farmer or Planter, cupation is very important, as that the relative health whatever, write None. tircd 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, work, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cases, especially in industrial employments it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, ulness of various pursuits can be known. Statement of Occupation - Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specifi ation as Day For persons who have no occupation (b) Automobile factory. The material Locomolive The quesengineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,");

"PUERPERAL seplicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasnus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. (secondary use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertamed as the cause. Always qualify all Chronic interstitial nephritis, inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee American Medical Association (Recommendations on tatement of cause of death Examples: Accidental drowning; Struck by railway train-Whoomng Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) affection mesos disease important. Example: Meusles (disease Chronic etc. The valvulor heart disease; contributory

If this certificite to worked over thoroughly and all questions answered in doubt, it will present further correspondence. A. I the data is easy that and must be obtained before the certificate is permanenty filed.

S. No. 1

B.-ż

X	1	Exact
MARGIN RESERVED FOR BINDING	WRITE P. NLY, WITH UNFADING INK-THIS IS A PERMANENT R ORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1		Info
	E P	m of
	NRIT	y itel
4		CIAI

PLACE OF DEATH County.



#### 06413 STATE OF MARYLAND CERTIFICATE OF DEATH

Grownsville State Hognital	
Village or City Crownsvillenstate Hospital St.: Ward)  2FULL NAME Clarence Landing (If death a hospital tion, give it stead of number.)	occurred in or institu- ts NAME in- street and
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
male black single MARRIED, WIDOWED (Write the word) 16 DATE OF DEATH June 17th (Month) (Day)	
6 DATE OF BIRTH  unknown  (Month)  (Day)  (Day)  17  I HEREBY CERTIFY, That I attended the declaration of the property of the state of	ceased from
7 AGE    If LESS than   l day   hrs.   ds.   or   min.?   Miliary tuberculosis of the l.  8 OCCUPATION (a) Trade, profession or particular kind of work   Farm laborer	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Contributory Secondary	ds
Signed Si	M.D.
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE  Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution of Recent Residents)	ions, Trans-
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  At place of death yrs. 10 mos. ds. State Linet.  Where was disease contracted, if not at place of death?  Former or usual residence. Chestertown. Maryland.	•••••••
(Informant) Hospital Records,  (Address) Crownsville, Maryland  (Address) Crownsville, Maryland  20 UNDERGAKER  ADDRESS	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precisc statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Furmer (rehousehold only (not paid Housekeepers who receive a laborer, Foreman, engineer, Stationary fireman, etc. But in many or For many occupations a single word or term on yrs). Farm laborer, Laborerknow (a) the kind of work and also (b) the (b) Colton mill; (a) Salcsman. At Home, and children; not gainfully emwithout more precise specification as Day 6 For persons who have no occupation Automobile factory. The -Coul mine, etc. person, irrespective of (b) The quesmateria. Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

". PUERPERAL septicuemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" atic), "Atrophy," "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar or intercurrent) affection need Chronic interstitial nephritis, approved by (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. "Exhaustion, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc., "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Chronic valvular heart disease; The n ture of the injury, etc. The contributory Nomenclature not be

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassi (If death occurred in a hospital or institu-Ward) tion, give its NAME in stead of street and prop PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. be WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_\_\_, 192 /\_, (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in ī ..(Duration) which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country) (Duration) DO 10 NAME OF FATHER O 92 F (Address) lun 11 BIRTHPLACE OF FATHER z \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Meana of Phjury and (2) Whether (State or country) Ш Accidental. Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER cup/ ients or Recent Residents) 13 BIRTHPLACE At place of desth \_\_\_\_\_yrs.\_\_\_\_\_ds. In the OF MOTHER (State or Country) 00 Where was disease contracted, shoul nent of if not at place of dea.h?... OF MY KNOWLEDGE Former or usual residence. Every it CIANS stateme DATE OF BURIAL

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

name

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. r," etc., Foreman, For many occupations a single word or term on home, who are engaged in the duties of the yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drotening; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; Nomenclature The contributory

WRITE

1PLACE OF DEATH	0126 STATE OF MARYLAND
County W. W. Co.	CERTIFICATE OF DEATH
Mus Con and	A Registration Dist. No. 27
Village or City Ismapolio (No. 79	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH  Jan.: 6, 1980
(Write the word)	(Yonth) (Day) (Year)
B DATE OF BIRTH  Parl 1 36/	17 I HEREBY CERTIFY, That I attended the deceased from Dec. / 1980 to Fare 6, 1980
(Month) (Day) (Year) 7 AGE [If LESS tha	that I last saw hamalive on 4 4 6, 1938, and that death occurred on the date stated above, at 2209 m.
69 yrs. 2 mos. 6 ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Tarmy fulor.	8
(b) General nature of industry business, or establishment in	(Durstion) unbanam
9 BIRTHPLACE (State or country)	Contributory Faullis
10 NAME OF FATHER	(Signed) J. (Willis Martin M. D.
11 BIRTHPLACE Hemery tane.	1/9 19BO (Address) anapolis ma
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  OF FATHER (State or country)	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of July and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNKNOWN.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Harrilf Jane.	Former or usual residence
(Address) 89 Smithville	Buen Hell Cent. Jameg , 1930
15 Filed Au 8 1923 of Juny 6 C - gra 20	20 UNDERTAKER JEIN & 34 Monthury
16 mans health are readed added a State Mariana	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without muc, etc. laborer, Farm laborer, Laborer—Coal minc, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. affection need valvular heart Nomenclature of the The contributory disease; not be

V. S. No. 1

	PLACE OF DEATH	13501 STATE OF MARYLAND CERTIFICATE OF DEATH
	County Q Q'	Registration Dist. No. 77
	Village or City Jones Station (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
, NOB	Jess 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  May 2, 1936  (Month) (Day) (Year)		that I last saw herefive on Oly 31, 1930,
instruct	yrsds.   If LESS than   dayhrs. ormin.?	and that death occurred on the date stated above, at
996	(a) Trade, profession or particular kind of work  (b) General nature of industry	
tant	business, or establishment in which employed or (employer)	(Duration) yis mos ds.
Impor	9 BIRTHPLACE (State or country) Bellumoic 244	Contributory ( 21 MAN MANN MANN SECONDARY (Durstion) yrs mos 2 ds
11 BIRTHPLACE OF FATBÉR (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	FATHER John Jangville	(Signed) Seller M. D. M.
	OF FATHER (State or country) 4 9. Co. W.d.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Dallemeré Md,	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted, if not at place of death?
	Bottle of suite	Former or usual residence
tatemen	(Address) Jones Station Q Q G	Joudon Park Ballo 44 Mar 6, 1936
8	15 File Arr 5 1923 d fray 6 c forges 24	John W. Laylor Cerropoles
,	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a report specifically the occupations of persons enmer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrarial fever (the only definite synonym is "Epidemic crearospinal meningitis"); Diphtheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ess important. Example: Measles (disease 'Congenital,' "Senile,' etc.), "Dropsy,' "Heart failure," "Haemorrhage," Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1930

PLACE OF DEATH	13502 STATE OF MARYLAND
County A. A County	CERTIFICATE OF DEATH
Paturant.	Registration Dist. No.
2 FULL NAME George Richar	A Larken (If death occurred in a hospital or institu- tion, give its NAME in- scend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  //O/ // , 1(3.6 (Month) (Day) , 1(3.6 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) - (Day) , 1930	that I last saw handlive on Nov 9, 1930.  and that death occurred on the date stated above, at 230 Qm.
7 AGE  If LESS than I dayhrs.  yrs	The CAUSE OF DEATH is was as follows:
OCCUPATION (a) Trade, profession or particular kind of work.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory (Duration) yrs mes ds.
9 BIRTUPLICE (State or country)	Secondary
19 NAME OF L. A P / .	(Signed) James Ho James M. D.
of 11 billion of all	Wor 10 1938 (Address). Elem Dale Md.
OF PATHER (State or country) Washington 86.	*State the Disease Cosing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
& OF MOTHER Laura G. Wilson	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans- ents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. mos da. State,
IS THE ROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(interment) George A Laston	Former or usual residence.
(Address) Odeuton mil	Sorry Centery Kov 1/ 1830
File Hov 10 1930 N.L. Jones	20 UNDERTAKER) ADDRESS ATA
Depy Docap Registrar	James Holand Udenton N.JD
. If more blanks are needed, address State Registrar	16 V Saratora St Ralta Requesting V S No 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons enbusiness, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Scruent, Cook, Whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housecu at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a)

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on quecuees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. "Uraemia," "Weaknes..." ctc., when a definite disease vulsions," causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; ...... (name origin; "Cancer" is less definite; avoid of "contributory." FOR VIOLENT DUATHS State MEANS OF INJURY "Debility" ("Congeuital," "Scnile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Struck by railway Always qualify all "Coma," Mensles; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREA

V. S. No. 1

Village or City Camp Tar (No.  2FULL NAME Mallis Larks	St.: Ward)  St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  SM 20, 1930 (Month) (Day) (Year)	16 DATE OF DEATH  (Month) / (Day) 3 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 10-10-1950 (that I last saw h. Magalive on 1/-// 192
7 AGE    If LESS than   day hrs.   ds.   or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	folial muumen.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yre mos de.  Contributory Secondary
(State or country) Camp Parole Midi  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Well River Mid.	(Signed)
12 MAIDEN NAME GLACUS Johns!  13 BIRTHPLACE OF MOTHER  (State or Country)  (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) fances Laskins  (Address) Cample Parole Ind  Filed M// 19230 Fresh Coffee Laskins	Where was disease contracted, if not at place of death?  Former or usual residence  18 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  O UNDERTAKER  ADDRESS  ATT ACT ACT  TO THE PLACE OF BURIAL OR REMOVAL  ADDRESS
Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more receive at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definited disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

X	xact statement of
WE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	o that it may be properly classified. End is on back of certificate.
WE PLAINLY, WITH UNFADING II	Every item of information should be carefully supplied. AGE should be stated EXA LY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
fo. 1.	Every ites should st OCCUPA

1 PLACE OF DEATH	0127 STATE OF MARYLAND
County a. a.	CERTIFICATE OF DEATH
Village or City annalysis (No. 57, 6	Registration Dist. No.  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE MARRIED, MARY WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE  ONA  (Month)  Obay)  (Year)  Tage	that I last saw her alive on 1-17 130
60 yrs 0 mes 3 ds or min.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry  Ousiness, or establishment in  which employed (er employer)	(Duration) — yrs. — mos. 4 ds.
9 BIRTHPLACE (State or country) Www Orleans	Contributory Ordered General G
11 BIRTH PLACE OF FATHER (State or country) Escropel	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURT: and (2) whether ACCIDENTAL.
of Mother Unknow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place  le the
(State or country) White STV  14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE  (Informant) X CELLE X ECLERATE	of death yre. mes. de. State, yre. mee. da. Where was disease contracted, If not at piece of death?  Former or usual residence
(Address) Comapolito mas	19 PLACE OF BURIAL OR REMOVAL  Mary D College Son 20, 1530  O UNDERTAKER  ADDRESS
Filed Jan 1930 PEGISTRAR	19 1 Hatping amopoles
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Realth Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer off, without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman. especially in industrial employments, it is necessary to Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Form loborer, Loborer only when needed. As examples: (a) Spinner, (b) Cotton eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to cach and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully many occupations a single word or term on the For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhasid fever (never report "Typhoid pneumonia,"); Lohar pneumonia, Bronchoppacumonio ("Pneumonia,"); Lohar pneumonia, Bronchoppacumonio of lungs, meningualified. 18 indefinite); Tuberculosis of lungs, meningualified.

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF IMJURY and qualify as to determine definitely. Examples: Accidental drowning, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent dearns "PUERPEHAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uraemia," "Weakness." or miscarriage by railway troin-accident; Revolver The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intersuras "PUERPERAL septichaemia," "Dropsy," State cause for which Never "Exhaustion." report mere ACCIDINT'AL, punou

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	113948
PLACE OF DEATH	STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
1 mills	Registration Dist. No. 7
Village or City Occurrentle (No.	St: Ward) (If death occurred n hospital or instition, give its NAME stead of street
2FULL NAME Garte W.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARNE	16 DATE OF DEATOFINE 2 60 , 1930
DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased fr
June 16, 189	75', 192 to, 192
(Month) (Day) (Year	
If LESS the liday and liday and liday	
yrs. / o mos. ds. or mi	
OCCUPATION -	Blow in Antimite
(a) Trade, profession or particular kind of work authorities	Har class
(b) General nature of industry muchanics	
business, or establishment in which employed or (employer)	(Duration)yrs,mos
BIRTHPLACE (State or country) a a m	Contributory Secondary
10 NAME OF	Duration yes mos.
FATHER Joseph a del	(Signed) Gran (Signed) M.
11 BIRTHPLACE	(Address) 4 William Country Double on in death for
(State or country) a - a . co, m	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Minnes Chanly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country) Q Q Q	At place of deathyrsmosds. In the Stateyrsmos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Mullacht a offer.	Former or usual residence
(Address) Folsewaler a a com	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	PO UNDERTAKER / A ADDRESS / -
Filed april 36 19232 france C. france ?	Hopfing annofolis

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The For many occupations a single word or term on Or yrs). Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. (b) material engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," Liaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY cough; Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. CORD NLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE I

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	14611 STATE OF MARYLAND
County (1. Q	CERTIFICATE OF DEATH
Village or City Augustoli (No. Foot / K	Registration Dist. No. 7
2FUEL NAME Roland	St: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Marked OR DIVORCED (Write the word)	16 DATE OF DEATH Secessity 28, 1980. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Year) (Day) (Year)	100
7 AGE   IfLESS th.	
23 yrs. 4 mos. 20 ds. day h	The CAUSE OF DEATH * was as follows:
OCCUPATION	- accidenta Drowning
(a) Trade, profession or Cales on	
(b) General nature of industry business, or establishment in Levry Boat which employed or (employer)	(Duration) moed
9 BIRTHPLACE (State or country) Baltimore Ma	Contributory Secondary  (Duration), yrs
10 NAME OF Joseph Lee	(Signed) John Wy auderson J. Celus as Coroner M. 1
of father (State or country) Washington State	
12 MAIDEN NAME Maggie Smoot	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  3 alternou Ma	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informan) Lawrence Lee	usual residence
(Address) Patterini Md.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DIE 31, 193
(Address)	

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Always qualify all

#### STATE OF MARYLAND

County a a	CERTIFICATE OF DEATH
^	Registration Dist. No. 27
Village or City anapolis (No. More 7, 2FULL NAME Other).	fme Ward)  (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whith SINGLE, Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH 53C 36 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Amalive on See 26, 1923
7 AGE 60 yrs. 9 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows
(a) Trade, profession or work work	mero meunoma
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) a.a.co. (Ind)  10 NAME OF FATHER Henry Leitoh  11 BIRTHPLACE	(Signed Ruby we week! M.D.
OF FATHER (State or country) a. a. co mis  12 MAIDEN NAME	*State the Disease Causing Death, st, in deaths from / Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah Ward  13 BIRTHPLACE OF MOTHER (State or Country) a a. Co on	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Mallie Selection	if not at place of death?  Former or usual residence
(Address) Prinches St amofolis	laedar toleff He 29, 190
15 Filed fre 28 19230 from C. for a Me	O UNDERTAKER CAMPOSTONIA

If more branks are needed, address State Registrar, 16 W. Saratoga St., Falto, Requesting V. S. No. 1.

WRITE

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrayial fever (the only definite synonym is "Epidemic gerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "('Iraemia,'' "Weakness,'' etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the teranus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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V. S. No. 1

	PLACE OF DEATH	15204 STATE OF MARYLAND
1	County A. A.	CERTIFICATE OF DEATH
9	monchnor.	Registration Dist. No.
Vi	llage or City Annapolis (No. Thergency 2FUL NAME William. F. Leitch,	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7000 6 , 1923 0 (Month) (Day) (Year)
6 1	Feb I6th , 1876 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 19230 to Mrs. 6 ,1923 that I last saw herealive on Mrs. 6 , 1923
7 4	If LESS than 1 day hrs.	and that death occurred on the date stated above, at
X.	yrs. mos. ds. or min.?  OCCUPATION (a) Trade, profession or Farmer particular kind of work	
大 () b w	a) Trade, profession or Farmer	(Durstion) yrs. mos.
( b w	DOCCUPATION (a) Trade, profession or Farmer carticular kind of work (b) General nature of industry cusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  To NAME OF FATHER William. F. Leitch,	(Durstion) yrs mos (Signed) M.
ENTS (P)	Trade, profession or Farmer coarticular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Edgewater Md.  10 NAME OF FATHER William. F. Leitch,  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
STZ	To rade, profession or articular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Edgewater Md.  10 NAME OF FATHER William. F. Leitch,  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER Janie. Wells,	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
RENTS 6	DOCCUPATION (a) Trade, profession or articular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER William. F. Leitch,  11 BIRTHPLACE (State or country)  12 MAIDEN NAME	(Durstion)  Contributory Secondary  (Durstion)  (Signed)  *State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
PARENTS	Trade, profession or articular kind of work  b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  TO NAME OF FATHER William. F. Leitch,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF WORLD NAME OF MOTHER Janie. Wells,  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Unformant) Susie. Leitch,	(Durstion)  (Durstion)  (Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Signed)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Signed)  (Durstion)  (Durstion)  (Signed)  (Durstion)  (Durstion)  (Signed)  (Signed)  (Address)  (Durstion)  (Page 1978  (Address)  (Durstion)  (Page 1978  (Address)  (Durstion)  (Address)  (Durstion)  (Page 1978  (Pa
PARENTS 6 M Q	Trade, profession or articular kind of work b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER William. F. Leitch,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  A. A. County,  14 MAIDEN NAME OF MOTHER (State or Country)  A. A. Co	(Durstion) yrs mos (Signed) (Durstion) yrs mos (Signed) (Durstion) yrs mos (Signed) (Address) (Address) (Durstion) yrs mos (Signed) (Address) (Addre

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; The "Shock," contributory

. /		Men	1	- 1
PLACE	OF	DEATH		_ 1

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#### STATE OF MARYLAND

County Jame Orien del.	Registration Dist. No. 23
Village or City Llen Burner _ (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH A.C. 27. 1920 (Month) (Day) (Year)
ON. 8 - , 1860 (Month) (Dey) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1920. to 27, 1920, that I last saw h Malive on 27, 1920,
7 AGE  70 yrs. 2 mos. 19 ds. or min.?  OCCUPATION (a) Trade, profession or particular kind of work Walstmakes & Javeler.	and that death occurred on the date stated above, at 10 2 pm. The CAUSE OF DEATH * was as follows:  (Apone's Intustrial Reported:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Back. Md.	(Durstion) 2 yrs. mos. ds.  Contributory Secondary (Durstion) 2 yrs. mos. ds.
10 NAME OF FATHER Chas. Limkuhl- 11 BIRTHPLACE OF FATHER (State or country) Lermany -	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) M. W. Len/Cell.  (Address) Slu Durme. Ma.  Filed 19/19 192 Registrar	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  London Park Con Dec 31, 1930  20 UNDERTAKER  LOS FUES CLEUS CON 2178 Poss

If more branks are needed, address State Registra /16 W. Spratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanum and loborer, Farm loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pncumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

No. 1

PLACE OF DEATH	STATE OF MARYLAND
County A. 9.	CERTIFICATE OF DEATH
111.0	Registration Dist. No.
Village or City All Mayous (No Come	Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewish Single, Married, Wildows Sungle (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from Sec. 1930 to Sec 17, 1930, that I last saw humaiive on Sec. 17, 1930,
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH & was An follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory acute Olitis media Secondary  (Durstien)  yrs  mos 7  de.  (Durstien)  yrs  mos 7  rds.
10 NAME OF FATHER Sam Lerner	(Signed) J. Willis Marting M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*St. to the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of July and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 161 Magne of if not at place of death?  Fermer or usual residence.
(Address)	Helsew Gosedale Cem Dec 12, 1930 address
Filed 1923 D To the Registral Registral	Jock Tewis 14398 Balto A

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cn at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Lanager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Housemaid, etc. For many occupations a single word or term on OF especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Laborer--Coal mine, etc. not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the Disease Gausing death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningicis"); Diphtheria (avoid use of "Croup") "yphoid fever (never report "Typhoid Pneumonia"; abar pneumonia, Bronchopneumonia ("Pneumonia")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; American Medical Association.) .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY is indefinite); Tuberculosis of lungs, men-ChronicExample: Measles (disease affection need not etc. The valvular heart disease; Always qualify all contributory " Shock,

V. S. No. 1

/	uppiled. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact be instructions on back of certificate.
	fied.
ORD	KACTI ciassi ate.
S	ted E
KENT	se sta se pro k of c
-THIS IS A PERMANENT CORD	uppiled. ACE should be stated EXAC. terms so that it may be properly classe instructions on back of certificate.
A PE	CE eh hat it ons o
S IS	d. As so the
-THI	uppile terms

	PLACE OF DEATH  County Anne Arundel	08911 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
v	2Fuil NAME George Washington Le	tion, give its NAME is
17	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE, MARRIED, WIDOWER WIDOWED. White OR DIVORCED (Write the word)	16 DATE OF DEATH (1990) (1990) (Year)
6	July 31 , 1847  (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to be 1920 that I hast saw halive on hereby 1920
7	AGE  83 yrs. Q mos. 22 ds. or min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
SAL.	occupation (a) Trade, profession or particular kind of work <u>Waterman</u> (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes mos de.
9	BIRTHPLACE (State or country) Baltimore Md.	Contributory Secondary  Contributory Secondary  Contributory Secondary  Contributory Secondary
SE Z	11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.	(Signed) Worldon M. D.  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Lyury and (2) Whether
PAREN	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	iente or Recent Residents)  At place In the State yrs disease contracted,
14	(Informant) Harry F. LeTourneau	if not at place of dea.h?  Former or usual residence
	(Address) 89 Pri. Geo. St. Annapolis Md.	St. Annes Cemt. Date of Burial Aug. 24, 1930
15	Filed Cory 24 1923 D Fray 6 C - Frage 24	John M. Taylor Annapolis Md.
	If more blanke are needed, addres State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day 6 For persons Automobile factory. The material Laborer-Coal mine, etc. Womwho have no occupation person, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic etc. The contributory contributory

S. No. 1

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PER	SONAL A	ND STATIST	ICAL PARTICU	JLARS	MEDI
Ma re		White	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word		16 DATE OF DEATH
DATE OF	BIRTH	Feb (Month	22 (Day)	, 1930 (Year)	17 I HEREE
AGE			mos. I4 _ds	I day hrs.	and that death occurrence The CAUSE OF DEA
particular	kind of w	rork	at manife at a va a see at 200 and and a		
(a) Trade particular (b) Gener business, which em	kind of wall nature of or establish ployed or (	of industry nment in employer)			Contributory Secondary
(a) Trade particular (b) Gener business, which em	e, profession kind of we al nature cor establish ployed or ( ACE or country)	of industry	lis Md		Contributory
(a) Trade particular (b) Gener business, which em  BIRTHPL/(State of the control	e, profession kind of we al nature cor establish ployed or ( ACE or country)	Annapol	lis Md Lewnes,		Contributory Secondary  (Signed) 192  State the Violent Causes,
(a) Trade particular (b) Gener business, which em  BIRTHPL/ (State of the control	r, profession kind of wal nature cor establish ployed or (nate of country)  ME OF HER  CHPLACE ATHER	John P.  Grey)	lis Md Lewnes,		Contributory Secondary  (Signed)
(a) Trade particular (b) Gener business, which em  BIRTHPL/ (State of State of State of Manual Control	in profession kind of which all nature of correstablish ployed or (contry)  ME OF HER  CHPLACE ATHER  ME OF COUNTRY  ME OF COU	John. P.  Grey)  Annayo  Pennsy.	Lewnes,		Contributory Secondary  (Signed)
(a) Trade particular (b) Gener business, which em  BIRTHPLA (State of Manual Control	in profession kind of which all nature of correstablish ployed or (contry)  ME OF HER  THPLACE ATHER  THRE	John. P.  Grey)  Anna Dona Pennsy:  Pennsy:  John Bessel To THE BESS	Lewnes,	EDGE	Contributory Secondary  (Signed)  State the Violent Causes, Accidental, Suicidi 18 LENGTH OF Fients or Recent

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

S	y. HOBPIUAL. St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Mar. 8, 19330
	(Month) (Day) (Year)
=	I HEREBY CERTIFY, That I attended the deceased from Feb 22 1930 to Mar. 8, 1930
	that I last saw h mm alive on Mar · 8 , 19236,
n	and that death occurred on the date stated above, at
s.	The CAUSE OF DEATH * was as follows:
.?	Spina Bifida
	(Congenital)
.	
1	(Duration) yrs. mos 124 ds.
-	Contributory Mennigalia
	(Duration)ds,
	(Signed) J. Willia Marting M. D.
-	3/8/ 1930(Address) and apolis md.
	State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	of deathyrsmosds. Stateyrsmosds.
-	Where was disease contracted, Emergency Hasp.
	Former or Comergancy Hosp.
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	St. Marys. Cemetery Har. 9th . 1930.
0	2D UNDERTAKER ADDRESS
	B. L. Hopping, annapolis.md
	16 W Santage St Balto Requesting V. S. No. 1.

If more branks are needed, address State Registrar, 16 W. Saratogo

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from laborer, Spinner, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, House-(a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin (secondar) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

WRITE

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(	RD

stated EXACTLY, PHYSI-properly classified. Exact Every Item of Information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classtatement of OCCUPATION is very Important. See Instructions on back of certificate.

PLACE OF DEATH	12142	STATE OF	MARYLAND
County A.A.	(8)	CERTIFICATE	OF DEATH
	(0)	Registration 1	Dist. No. 2/
Village or City Annapolis (No. Emergency  2FULL NAME Baby Levy			(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE C	OF DEATH
MALE White Single Wildowsch. OR DIVORCED (Write the word)	16 DATE OF DEATH	Det	(Day) (Year)
6 DATE OF BIRTH	7		ended the deceased from
October 15 , 1930 (Month) (Day) (Year)			, 192,
JIFLESS than I day hrs. wys. mos. ds. or min.?  B OCCUPATION (a) Trade, profession or barticular kind of work None (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Annapolis Md.	Contributory Secondary	* was as follows:	above, at
OF FATHER  OF FATHER  OF FATHER  (State or country) Baltimore Md.	(Signed) 4.00u	(Address) Que	
of MOTHER ROSE Goldberg  13 BIRTHPLACE OF MOTHER (State of Country) Baltimore Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		DENCE (For Hospit dents) In the State	als, Institutions, Trans-
(Informant) JQE Levy  (Address) Annapolis Md.  15 Filed 6 19230 Fray C. Registrar	19 PLACE OF BURIAL  ANN APOLIS  20 UNDERTAKER  JOHN M. TE	VECK AAGO.	DATE OF BURIAL OCT 17, 1930 ADDRESS Annapolis Md.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart lanure, macunimass, "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Паетоггhage," 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart etc. The contributory disease;

1	1	PHYSI-
MARGIN RESERVED FOR BINDING	WRITE PLAY, WITH UNFADING INKTHIS IS A PERMANENT PECORD	N. BEvery Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	WRITE F	N. BEvery Item o CIANS shoul statement of

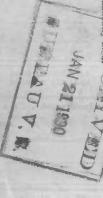
1PLACE OF DEATH	0128 STATE OF MARYLAND
County Chamber	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City ASAAAA (No	St.: Ward) (If death occurred in a hospital or institu-
101.171.0	tion, give its NAME in- stend of street and
2FULL NAME TOLLERS TOLL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED	16 DATE OF DEATH
WIDOWED, OR DIVORCED	(Month) (Day) (Year)
Male While (Write the word)	17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 . tg
(Month) (Day) (Year)	that I last saw h alive on alive on 192
7 AGE (State)	and that death occured on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
33 yrs. 2 mos. 62 ds. or min.?	Kenolyry wound in Sugar
8 OCCUPATION (a) Trade, profession or 0 4 4 P P P	"Slample"
particular kind of work Delly - relus, 2001 - 2111	Sukeldel
(b) General nature of industry ACOVILL-60	(Duration) yrsmos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Durations yrs mos ds.
FATHER STATE TO TOUT SELECTION	(Signed) 11 Charles M. D.
0 11 BIRTHPLACE	Address) Address)
OF FATHER (State or country) range	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
I 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Anna Smilk	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos. ds.
(State or country) JAKAMATURE (FA.	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(informant) Somm St. roulley	usual residence
(Address) & ESSUAD mgt	Louden Yark tim Jan 11 4.30.
15 1 12 The state of 12	20 UNDERTAKER
Filed Asis 1980 1 Contact Registrar	My 1 colone one / outs he
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement: it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealet .. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, yrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. Laborer-Coul mine, etc. Wom-As cramples : (a) But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lange," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasins); · .... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway traintaken. can be ascertained as the cause. Always qualify all peritonacum, etc., Carcinoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by eough; Or. Committee on Nomenclature of the intercurrent) affection Chronic valvular heart disease; etc. The Sarcoma,, need contributory Measles, not be etc., of



Every Item of Information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE CF DEATH in plain terms so that it may be projectly classificatement of OCCUPATION is very important. See instructions on back of cortificatements ECORD PERMANENT BINDING MINLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE S. No. 1

N. 50

PLACE OF DEATH County anne arendel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26
Village or City Shadyeidl (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WESTER OR STORED (Write the word)	16 DATE OF DEATH Lie. 16 , 193 0  Limber (Month) 16 (Day) 1930 (Year)
6 DATE OF BIRTH  December 8, 1930  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec. 8, 1920. to Dec. 16, 1920.  that I last saw h & alive on Dec. 16, 1920.
7 AGE   If LESS than   I day hrs.   ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work home (b) General nature of industry business, or establishment in which employed or (employer)	Cerebral hemorrhage due to injury at birth.  (Durstion) yrs. mos de
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  2 A - A Country	Secondary  (Duration)  yrs
(State or country)  I MAIDEN NAME OF MOTHER  Sthel Grace Rogers  OF MOTHER (State or Country)  A - A. (orunts)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) Packard Tratt  (Address) Sharly Fiele	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Haulge Cemology  Jee 17, 1930
15 Filed Dec 16 1930 les 7 Dent MD Registral	20 UNDERTAKER  J. A. I Hardeely Galesville
If more banks are needed, address ttate Kegistra	nr, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs), fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocloborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nonc. state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretros inal fever (the only definite synonym is "Epidemic verebrostinal meningitis"); Diphlhcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Enhaustion," "Heart Imme," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; by Committee on Nomenclature Chronic valvular heart discase; Example: Measles (disease etc. The contributory Measles;

	PLACE OF DEATH	01319	STATE OF M CERTIFICATE	
C	ounty anne arendal	90		Dist. No.
Vill	age or City amapolis (No. 18 2 FULS NAME Joseph Lipma	West	St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- dead of street and hamber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 5	Vale While Single, Married Willowed OR Divorceb (Write the word)	IS DATE OF DEA	CERTIFY, That I att	(Day) , 1930
6 D.	ATE OF BIRTH  Changes 1 2 2 - 18 9 50  (Month) (Day) Feat	that I last saw h.		1 3 150
7 AC	J-2yrs. J-mos. J. ds. or min. ?		ATH & was as follows:	above, at O
(a p (b	OCUPATION ) Trade, profession or articular kind of work.  O General nature of industry usiness, or establishment in	TWO CLE	J. Maray Br.	yrs. 3 mos
-	RTHPLACE (State or country) Russia,	Contributory Secondary	reflection (Duration)	w Chefrate.
RENTS	11 BIRTHPLACE OF FATHER  12 BIRTHPLACE OF FATHER	(Signed) 193	Discase Causing Death.	or, in deaths from
PARE	12 MAIDEN NAME OF MOTHER  WALLOW  OF MOTHER	Accidental, Suic		ery: and (2) whether
-14 T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place 32 yrs.  Where was disease confif not at place of death?	mos da, State tracted,	.34.yrs mos. de
	(informant)	Former or usual residence Bo	0 4.	
	(Address)	19 PLACE OF BUR	IAL OR REMOVAL	Hel. 5" 1930
15	iled At 4 19230 Jung 6 C. In a Mul	20 LYDERTAKER	londheim	ADDRESS 18-20 W. 121
11	if more blanks are needed, address State Registrar.	16 W. Saratoga St.,	, Baito., Requesting V.	8 No. Bastona,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, to report ployed, as At school or At home. Care should be taken definite salury), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a en at home, who are engaged in the duties of the laborer, Parm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-"pinner" (b) Cotton mill; (a) Salesman, (b) Grocery; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plantor, worked on may form part of the second statement. (a) Foreman. (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of follows of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on OF specifically the occ pations of persons en without more precise specification as Day etc. If the occupation has been changed Home, and children, not gainfully em--Coal mine, etc. Wom-The ques-

Exacement of Lause of Death—Name, first, the diskase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemie cerebro-\*pinal meningitis"); Diphtheria (avoid use of "Croup");

> ment of cause of death approved by Committee on lead of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MILANS OF INJURI "PUERPERAL sopticaemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Uracmia," "Wezkness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Annemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be cough; Chronic valvular heart disease; Example: Measles (disease Struck by railway Always qualify all "Coma," Measies; (second-"Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

m ż

PLACE	OF	DEATH	
ounty A	nne	Arundel	

02558

#### STATE OF MARYLAND

Cou	inty Anne Ar	undel			14-a	CERTIFI	CATE	OF DE	AIH
Village	e or City	rownsv	ille State	Hospi	tal	Regist			occurred in or institu
	2FULL NAME		Arizona Li	ittle		200000000000000000000000000000000000000	**************	tion, give i	its NAME in street and
	PERSONAL AND	STATIST	ICAL PARTICUL	ARS	MEI	DICAL CERTIFIC	CATE O	F DEATH	
3 SEX mal			MARRIED, WIDOWED. OR DIVORCED (Write the word)	ried		March 25th			
G DATE OF BIRTH Unknown , 887				EBY CERTIFY, Th					
	***************************************	(Month)	) (Day)	(Year)	1	imalive on			
7 AGE		. unk		If LESS than I day hrs. or min.?	The CAUSE OF D	ccurred on the date EATH * was as fol hemorrhag	llows:		
(a) 7	UPATION  Trade, profession or cular kind of work  General nature of in		Laborer	**********************				hours	
busir whic	ness, or establishmen h employed or (emp	at in	•	****************	Contributory	Cerebral	arter	rioscle	rosis
(8	NAME OF		land		Secondary (Signed)	ELA V	M	Whie wille	mosds
N L N	BIRTHPLACE OF FATHER (State or country)	Sout	h Carolina	a	*State the Violent Causes	Olisease Causing, state (1) Means idal or Homicidal.		*****	
₩ 12	MAIDEN NAME OF MOTHER	Ann	nie ?		18 LENGTH OF	RESIDENCE (For			
	BIRTHPLACE OF MOTHER (State or Country)	Mar	yland		At place of death 2 yrs	10mos. 8 ds.	In the State	Ti fe	o boine de
14 THE	ABOVE IS TRUE TO	THE BEST	OF MY KNOWLE	OGE	if not at place of	dea.h?			
a	nformant)	Hospi	tal Record	ls	usual residence	Baltimore			
	(Address)	Crown	sville, Mo	1.	not a	RIAL OR REMOVA	2	1	7, 1937
15	a. 1	- , , ,	109	· 7.0	20 UNDERTAKER			ADDRESS	200

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary). inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

14616

CERTIFICATE OF DEATH

	CERTIFICATI	E OF DEATH.
-	1-PLACE OF DEATH  Q. Q. S. 7/1	Brooklyn ages (If death occurred in hospital or institu-
	GITY OF BALTIMORE: (NO.)	a hospital or institu- tion, give its NAME
	2-FULL NAME CINIA FOOK	instead of street and number.)
1	(a) RESIDENCE. No. 7// Cultural place of abode)	ST., WARD.  (If nonresident give city or town and State)
	Length of residence in city or town where death occurred / 5 yrs. mos.	ds. How long in U. S., if of foreign birth? 3 () yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH (month, day, and year)
tes.	5a If married, widowed, or divorced 11USPAND of	HEREBY CERTIFY, That I attended deceased from
ihea	(or) White be loave to exter	that I last saw h. H. alive on Sec9 150.
cert	6 DATE OF BIRTH (month, day, and year) Cug. 29, 1885	and that death occurred, on the date stated above, at 12 4 O. Am.
0 t	7 AGE Years Months Days If LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows
раск	4 J 3 11 ormin.	Lecourage un resum
n	8 OCCUPATION OF DECEASED	
ous	(a) Trade, profession or HUNEKUBY	(duration) Ars. B mos. ds.
ructi	(b) General nature of industry, business, or establishment in which employed (or employer)	contributer fruit and the contributed contributed contributed contributed condary)
nsı	(c) Name of employer	(duration)mosds.
ee 1	9 BIRTHPLACE (city or town)	18 Where was disease contracted if not at place of death?
32	(State or country)	Did an operation precede death? My Date of
tant.	10 NAME OF FATTER WILL.	Was there an autopsy? 11
por	0 11 BIRTHPLACE OF FATTER (city or town)	What test confirmed affinosis, time
111	(State or country)	(Signed) Coleman, M. D.
very	a 12 MALDEN NAME DE NIOTUER NEW DE	10., 19 Synddress ) B9 MC Cully 4
NI IS	13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
III	14 Informant Au Aore Fred (Address)	19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
	15 Par 11 11 11 11 11 11 11 11 11 11 11 11 11	00 12 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50 19-50
	Filed Dec 11, 19 30 Charott tropic he Registrar	20-UNDERTAKER ADDRESS
	AUG ISTICI	nurles 1 . It repeared & for all

WRITE PL. Y, WITH UNFADING INK—THIS IS A PERMANENT RECORDER EVERY MATION should be stated EXACTLY. PHINICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement MARGIN

N. B.-

[Approved by U. S. Census and American Public Health Asso.]

only (not paid Housekeepers who receive a definite without more precise specification, as Day laborer when needed. As examples: (a) Spinner, (b) Cotton or industry, and therefore an additional line is proor term on the first line will be sufficient, e. g., question applies to each and every person, irresoccupation is very important, so that the relative occupation whatever, write None. or given up on account of the DISEASE CAUSING DEATH. or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, "Laborer," "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the freman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, Archipective of age. For many occupations a single word healthfulness of various pursuits can be known. Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged At school or At home. Care should be taken to home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, ctc. Women at form part of the second statement. Automobile factory. The material worked on may from business, Statement of occupation .- Precise statement of domestic service for wages, as Servant, that fact may be indicated thus: Never return

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, indefinite); Tuberculosis of lungs, meninges, perloneum, etc., Carcinoma, Sarcoma, etc., of

3

(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles;

symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely causing death), 29 ds.; Bronchopneumonia stated unless important. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL, "PUERPERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage,""Inanition,""Marasmus,""Old age,""Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemor. vulsions," "Debility" ("Congenital," "Senile," etc.) ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "contribufracture of skull, and consequences (e. HOMICIDAL, or as probably such, if impossible to undertaken. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of For VIOLENT DEATHS state MEANS OF Example: Measles (disease SUICIDAL,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

V. S. No. 1

PLACE OF DEATH	03929 STATE OF MARYLAND
County Annapolis	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City (No.33	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Infant Da	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jen Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased reom
(Month) (Day) (Year)	that I last saw halive on 192
7 AGE IFLESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUTE OF DEATH was as follows:
yrsds. ormin.?	Sullian
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER SEINE SEINE	(Signed James Amelia (Address) Amelia M
OF FATHER (State or country)  12 Maiden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Losa Lornax  13 BIRTHPLACE	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Med Amapolis	At place in the of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
and Man Long and	Former or usual residence
(Address) 33 & t Hourt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	X 100 MUC 1001, 120, 120
15 Filed flee 12 1923 D from 4 C Registral	The Hocke of Smaker
If more banks are needed, addre. Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quos-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective ch eupation is very important, so that the relative healthhousehold only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08912 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 1 131	(82) Registration Dist. No.
Village or City Jang Mage (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 198 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 . to
7 AGE (RESS than	12.3
l day hrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
8 OCCUPATION (a) Trade, profession or particular kind of work	Querboard in a storm from
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER ASSESSED LONG	(Signed own MA Bun Acting Granu M. D.
IN 11 BIRTHPLACE OF FATHER	Any 14 190 (Address) Am fola M
Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANAGE TONG	18 LINGTH OF RESIDENCE (For Bospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW-BEDGE	Where was disease contracted, it not at place of dea h?
(Informant) martha Long	Former or usual residence
(Address) 4/9 Latrobe se	Tour of Burial Or REMOVAL DATE OF BURIAL
15 File Cun 14 1930 france C. In a 926	20 SENDERTAKER ADDRESS
Registrai	Jammel J. Hemsley Dallimere's
If mora b.anks are needed, addra.s : tate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cl whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n-ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Agociation.) approved by Computite on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X resulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart 外 Nomenclature not be disease;

If this certificate famoused over toroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

Exact

PLACE OF DEATH

SINGLE, MARRIED, WIDOWED

(Month)

OR DIVORCED (Write the word)

(Day)

If LESS tha

1 day ..... hr

KNOWLEDGE

Registrar

	STATE OF MARYLAND CERTIFICATE OF DEATH
(3-	Registration Dist. No. 23

1	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- tead of street and humber.)
1	MEDICAL CERTIFICATE	OF DEATH
-	16 DATE OF DEATH	15 30
	(Month)	(Day) (Year)
=	17 I HEREBY CERTIFY, That I att	ended the deceased from
	192, to	, 192,
	that I last saw halive on	, 192,
n	and that death occurred on the date state	d above, atm.
3.	The CAUSE OF DEATH & was as follows	1
5	Unknown - que	
	our might	**************************************
	HAS PSTO YEAR	A,
	(Duration)	yre f moe fode.
-	Contributory MANY Secondary	inny Coroner.
	(Direction)	yrs
	(Signed) Mandel Wood	M.D.
-	15/104 1970 (Address) LIN	Maxim & .
_	*State the Disease Causing Deeth Violent Causes, state (1) Means of Inj Accidental, Sulcidal or Homicidal.	or, in deaths from ury: and (2) whether
	18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans-
-	ients, or Recent Residents)	
	of death yrs mos da. Stat	e,yrsmos da.
are	Where was disease contracted, if not at place of death?	• 1000000000000000000000000000000000000
	Former or usual residence	was tender, and the makinda on the proper tendency to a title of the second of the second
	19 PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL
	Wellham Flace	16/hay 15/0
1	20 UNDERTAKER	ADDRESS

if more blanks are needed, address State Registrer. 16 W. Saratoga St., Balto., Requestion V. S

### CERTIFICATE OF DEATH

(Approved by U. S. Consus and American Public Health Association.)

tire 6 yrs.). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) ad litional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing beath. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborernature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Plunter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. Francer (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc ctc., without more precise specification as Day to know (a) the kind of work and also (b) the For many occupations a single word or term on 17 JO Home, and children, not gainfully em-For persons who have no eccupation -Coal mine, etc. The material But in many

Btatement of Cause of Death—Name, first, the bishase causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

quences (c. g., sepsis, totanus) may be stated under the head symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of train-accident; Revolver wound of headas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerreral septicaemia," "Puerreral peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping cough; of cause of death approved by Committee on FOR VICLENT DEATHS STATE MEANS OF INJURY "contributory." Chronic valvular heart (Recommendations on state-Example: Measles The contributory -homicide; Measles; terminal (discase discase; (second-(merely

"If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

1PLACE OF DEATH	03930 STATE OF MARYLAND
County Amus Arundel	CERTIFICATE OF DEATH
Sto to	Registration Dist. No. 22
Village or City Valley (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Elizabeth M.	tion, give its NAME is steed of street and number.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
feurale White MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH MINE 17 , 1930 (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I hast saw h ex alive on Apr 7, 1920
7 AGE [IfLESS than	and that death occurred on the date stated above, at 3 P.m.
38 yrs. 8 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Cerebral Hemorrhage
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsf., mgsds.
9 BIRTHPLACE	Contributory Chrone Wephrites
(State or country)	Approximos 2 yrs mos de.
FATHER Rudged Bullinan	(Signed) M. D.
of Father	1920 (Address) Law Street, Mg
Z (State or country) Jetusany	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother liqueta Rielle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deethyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, if not at place of death?
De al Year	Former or usual residence
(Informant Color La C.C. D.)	LACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Themon 1.4.60	Condon york upo 20, 100
Filed apr 17 1930 M.L. Lones 2	wry 1, with 410/ reliment
If more hanks are needed, addre a State Registrar	. 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

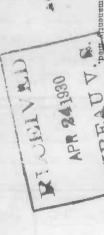
(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more present abover, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from hou chold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer, materia

Statement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uracmia," "Weakness," etc., when a definite disease stated unless important. diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent inter correspondence. All the data is essential and must be obtained before the certificate is permanent; med.



N. B.--

V. S. No. 1

	CORD	EXACTLY, PHYSI- relassified. Exact cate.
MARGIN RESERVED FOR BINDING	WRITE INLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	W	Every CIANS statem

	1 <sub>PLACE</sub>	OF DEATH		4.27		
	CountyA	·	***************************************			
1						
Vi	llage or City	Annapolis	(No. 88	Prince		
	2FU	NAME Mary	A. Lowma	an		
	PERSON	AL AND STATIST	ICAL PARTICU	LARS		
	emale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Marrie		
6	DATE OF BIR	тн	(11.100 0.10 1/014)	10110		
	*	October (Month)	I9 (Day)	, 1930 (Year)		
7 /	AGE			If LESS than I day hrs.		
	.8	J yrs.4	mos. 26 ds.	or min.?		
Z.	b) General na usiness, or es	ofession or d of work HOLL sture of industry stablishment in ed or (employer)	se_Wife			
9 BIRTHPLACE (State or country) Pri.Geo. Co. Md.						
	10 NAME OF			n		
S	11 BIRTHPLACE					
OF FATHER  Z (State or country) Pri. Geo. Co. Md.  12 MAIDEN NAME						
PARE						
13 BIRTHPLACE OF MOTHER						
(State or Country) Pri. Geo. Md.						
14	0	James E. Lo		DGE		
	(Address) Annapolis Md.					
15	1.	0 9	0	40		

02559

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(100-12)	Registration Dist, No. 24				
George .	St.: I War				
MEDICA	L CERTIFICATE	OF DEATH			
16 DATE OF DEATH	1320 . to My	(Day) (Year) ttended the deceased from			
that I last saw kelv		2319			
The CAUSE OF DEATH		ed above, at			
***************************************	***************************************				
**************************************	(Duration) yrs, mos ds,				
Contributory Secondary (Signed)	(Address)	yrs. mos. ds.			
*State the Dise Violent Causes, state Accidental, Suicidal or		or, in deaths from njury and (2) Whether			
18 LENGTH OF RESI		itals, Institutions, Trans-			
At place of death	ln th	ateyrsmosds.			
Where was disease contractif not at place of death?	ted,				
Former or usual residence		70000000000000000000000000000000000000			
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL			
Cedar Bluff	Cemetery	March 20 19 30			
John M. Tay	lor	Annapolis Md			

Registrar

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic affection need etc. The contributory valvular heart Nomenclature of the Always qualify all not be disease;

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V. S. No. 1

PLACE OF DEATH County Arms Armsel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Name William Dent	ergacy forfitel St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Fely 11, 1920.  (Month) (Day) (Year)
May, 16, 1762	Tely, 2 1920 to Tely, 10 ,1930.
(Month) (Day) (Year)	that I last saw h Malive on tely. (0, 1920,
JAGE  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Hypostatic Preumana
business, or establishment in which employed or (employer) W. B. & A. S.X.	(Duration) yrs. mos 8 ds.
S BIRTHPLACE (State or country) a. loo. mel.	Secondary Puranie septinites  Agration Types
FATHER William Journey	(Signed) M. D. Hely. 12 1930 (Address) January M. D.
OF FATHER (State or country) Q Q 6 Md.  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or Country) NaCV. 60 mcl.	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Address) Waterbury My	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL Self /3, 1930
15 Filed # 1 19230 July 4 C. Fra 2000	3 Hopping amopoles
If more branks are needed, address State Registrar	, I6 W. Saratoga St., Barry, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetangus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

Village or City Brooklyn(No. 3, 20)	Ward)  (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Infam! of Len a	of Clony Zulie atend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 (HERBEY CENTIFY, That I attended the decembed from 20 1830, to 1850.
7 AGE (Month) (Day), 1 (Year)	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Still with
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  M. Duration
10 NAME OF Earner Lulis  11 BIRTHPLACE	(Signed) 1 Man Man M. D.
OF FATHER (State or country)  MAIDEN NAME OF MOTHER  Land Head.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country)  Bally	ients, or Recent Residents)  At place In the State,yrsmosda.  Where was disease contracted,
(Informant) In Lulus	if not at place of death?  Former or usual residence.
(Address) 3 29 4- Orehard	Mestur Com 1/29, 19.3
Filed July 29 150 Chas. H. Brooke, M. Registrar	Is the Mai Guly 130 C. Fren
wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestion V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. The quescupation is very important, so that the relative healthor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emv. hatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on Nomeuclature of the Americau Medical Association.) ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignaut neoplasms); Measles; nges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on statequenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or monicidal, or discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weakuess." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustleu," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronehopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," etc. vulsions," (secondary or intercurrent) affection need not be Poisoned by carbolic acid-probably suicide. The na-Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.); Chronic valvular Example: Measles (discase heart (second-

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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	PLACE OF DEATH
(	County a. G.
Vill	2 FULL NAME Samuel 2
1	PERSONAL AND STATISTICAL PARTICULARS
3 B	1 A COLOR OR RACE SINGLE.  MARRIED, MIDOWED OR DIVORCED (Write the word)
-	(Month) (Day) (Year)
7 A	6 % yrs. mos. ds. or min.?
V PY AD A	a) Trade, profession or articular kind of work. 2 a hour articular kind of work with a hour work with a hour with a hour which employed or (employer).
	(State or country) U. G. Co- Newf.  10 NAME OF FATHER  The hands of the same o
STN	11 BIRTHPLACE OF FATHER (State or country)  Maryland
ARE	12 MAIDEN NAME OF MOTHER  THE PROPERTY OF THE
<b>a</b>	13 BIRTHPLACE OF MOTHER (State or Country)  Meany land
14	(Informant)
	(Address)
15	Filed for 5 19230 fray 6 C. for a 2

14617 STATE OF MARYLAND

#### CERTIFICATE OF DEATH

Registration Dist. No. 27

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH 2 5 , 19230 (Month) (Day) (Year)		
lenlenous	17 I HEREBY CERTIFY, That I attended the deceased from 192		
(Month) (Day) (Year)  [fLESS than   day hrs. or min.]	and that death occurred on the date stated above, at		
ssion or 2 a hrus re of industry	- Cy/osure		
Junknown	(Signed) 1923 (Address) Confidence of the Confid		
untry) Mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans		
untry) Transland TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place		
5 19230 Jrsy 4 C. Jrs 4 2.	19 PLACE OF BURIAL OR REMOVAL  Lage Bottom Rec 5, 1936  D UN DESTAKER  Clear. Hicks h. Lineary 11.		
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farher theor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. " etc., without more precise specification as Day For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, transport of the preumonia, transport of the preumonia of the

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH County operly classified. Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. OR DIVORCED I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH rms so that (Day) (Year) Ilf LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH .\* l day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) Importa which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address) BIRTHPLAC \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHE (State or country) PO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) state CCUP/ 13 BIRTHPLACE In the At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. State.....yrs.....mos..... OF MOTHER Where was disease contracted, if not at place of death?..... 00 shoul Every Item CIANS short Former or usual residence Registrar If more bianks are needed, address State Registrar, 19 W. Saratoga St., Baito., Requesting V. S. No. 1.

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County 4	GO CERTIFICATE OF DEATH
( a . a.	Registration Dist. No. 2
Village or City Muspolis (No. Chase	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in steed of street an
2 FULL NAME Mary Telico	a Jun number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Jen Je OR DIVORCED (Write the word)	16 DATE OF DEATH LOLD (Month) (Day) (Year)
6 DATE OF BIRTH June 44, 1853	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE (If LESS than	and that death occurred on the date stated above, at 10 00 9 m
70 - 14   day hrs.	
B OCCUPATION ds. or min.?	Vareula Lever - alle
(a) Trade, profession or More	William J. M. Martin and M. M. Martin and M.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsd
9 BIRTHPLACE (State or country Cumbuland Mg	Contributory Secondary Westerpurstion) yrs. mos. 3 d
10 NAME OF John Tollaway Tynn	(Signed) Alta flar desse M. I
OF FATHER (State or country) Maudeund	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a OF MOTHER Theeba Singleton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yrs mos. ds. In the State 77 yrs mos 24d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or
(Informant) Mess Mary Mayrudes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Cumbuland Md. July30, 1931
15 Filed ful 24 1923 2 Lagle C. Jacobs	John My Sayler Classapolis
If more banks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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S. No. 1

County	(31) CLIVIII IC
Maga or City amaholis No 51 Wa	Thursday Registr
2FULE NAME DOTTING Mad	lock,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May
DATE OF BIRTH Way 21, 1903	Merchy Certify, Tha
(Month) (Day) (Yesr)	that I last saw halive on
2/ yrs. // mos. 20 ds. or min.?	and that death occurred on the date The CAUSE OF DEATH * was as folio
occupation (a) Trade, profession or Domestic	Gelmona
b) General nature of industry ousiness, or establishment in	(Duration
(State or country) amalohis And	Contributory Secondary
10 NAME OF FATHER	Skined) bruby se
OF FATHER (State or country) Whenever	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
OF MOTHER Glorda Canol	18 LENGTH OF RESIDENCE (For ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) annaly who and	At place of deathds.
(Informate) Richard Imakings.	Where was disease contracted, if not at place of death? Former or usual residence
(Address) ST Washington grift	BYEWER PUBLIC CAM
Filed My 18 19230 fray 6 e. Jac how.	20 UNDERTAKER Parker
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting
	PERSONAL AND STATISTICAL PARTICULARS  SEE 4 COLOR OR RACE 5 SINGLE, MARRIED, Marned WIDOWED, OR DIVORCED (Write the word)  DATEOF BIRTH  AGE  2 Jyrs. / mos. 2 ds. or min.?  DOCCUPATION (a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Amalolis And  10 NAME OF FATHER  (State or country) Amalolis And  11 BIRTHPLACE (State or country) Amalolis And  12 MAIDEN NAME OF MARNEW  13 BIRTHPLACE OF MOTHER  (State or Country) Amalolis And  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ruchard Makington  (Address) Machington  Filed Mar. 18 1923 2 Jay 4 C. Jack Registrar

PLACE OF DEATH

STATE OF MARYLAND

05206

CERTIFICATE OF DEATH

ation Dist. No. 27 (If death occurred In a hospital or institu-tion, give its NAME ir-stead of street and number.) Ward) ATE OF DEATH ....(Day)..... I attended the deseased from Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Trans-In the State\_\_\_\_\_yrs.\_\_\_\_mos.\_ DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Civil engineer, whatever, write None. Foreman, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart etc. The contributory Nomenclature of the disease; not be

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V. S. No. 1

1	1	PHYSI.
	CORD	XACTLY, classified sate.
	ENT	e stated E e properly c of certific
MANGIN NESENVED I ON DINDING	WRITE INLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	E should but it may bus on back
20 - 01	THIS IS A	piled. ACI
NESENA	IG INK1	efuily sup in plain ter tant. See
2000	UNFADIN	uld be car F DEATH
	Y, WITH	CAUSE O
	INL	of informuld state
	WRITE	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE	OF DEATH		07623	STATE OF	MARYLAND
1	County	Anne Arundel	05.00000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CERTIFICATE	OF DEATH
	1.44			(182)	Registration	Dist. No. 2I
Vil		Stony Cre	ek (No hn Henry Mahoney		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDIO	CAL CERTIFICATE	OF DEATH
	male	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED, MARRIED, MARRIED, MARRIED, MARRIED	16 DATE OF DEATH	July	I2 , 1930(Year)
8 [	DATE OF BIR	RTH		17 I HEREB		ended the deceased from
		Marc (Month	h 15 , 1881 (Day) (Year)	that I last saw h	alive on	, 192,
			mos. 27 ds. or min.:	. The CAUSE OF DEA	TH * was as follows:	l above, at 2 a 30 p.am.
( P () b	b) General n	ofession or	orer		(Duration)	yrede.
-	State or co			Contributory . Secondary	(Duration)	
	10 NAME C	Gabriel	Mahoney	(Signed)	Q (Address) Pas	adens. Md.
RENTS		r country) Va.			Disease Causing Death, state (1) Means of Ind I or Homicidal.	
PAR	0F MOT		?		ESIDENCE (For Hospi	tals, Institutions, Trans-
	13 BIRTHP OF MOT			At place of death yrs	mosds. In the	teyrsmosds.
14	THE ABOVE	IS TRUE TO THE BES	T OF MY KNOWLEDGE		ath?	
	(Information	Edgar Mal	nnev	Former or usual residence		***************************************
				19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
_	(Add	ress) Pasa	lena. Md.		rn Cemetery	July 161930.
15	Filed 7	- I2 1520 X	. M O Like w Registrar	Thos. E. I	Kelson	Baltimore, Mo

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Corrvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory

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SIRT (Si	11 12 13	THE	File
9 6	PARENTS	14	15
Impor	statement of OCCUPATION is very impor	ment of 0	etate
ATH	N. B Every Item of Information should be car CIANS should state CAUSE OF DEATH	Is should	N. B Every
ADIN	WRIT WAINLY, WITH UNFADIN	VKII	3
MARGIN	ATCIM!	A TITLE	-

	PLACE OF DEATH	STATE OF MARYLAND
	County	CERTIFICATE OF DEATH
		/ (128) Registration Dist. No.
V	2FUEL NAME NO. 23	St: Ward)  On Release  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Ť	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 27 , 193,00
6	DAVE OF BIRTH  (Month) (Day) (Year)	that I last saw h Lalive on Wee July 1921,
7	65 yrs. 0 mos. 26 ds. or min.?	and that death occurred on the date stated above, at // // /////////////////////////////
V	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Ceur menion
de	business, or establishment in which employed or (employer)	(Duration) yrs. mos / ds.
9	State or country) Callett Called	Contributory Secondary  Duration)  yrs
	10 NAME OF Beorge Makel	(Signed) Well Wellow M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAMES	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA		18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	OF MOTHER (State or Country)	At place of death
14	(Informanting, many Frankell	Where was disease contracted, if not at place of dea h?  Former or usual residence
	(Address) 103 Hay SX	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1934
15	Filed My 30 19230 fray 6 C. Fragestras	thales & Ficher Amusch
	If more b.anks are needed, addre.s Ltate Registras	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g.. Farmer or Planler, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Forman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Deage Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shoek, "Inanition," "Marasmus," "Old Age," "Shoek, st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

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1 PLACE OF DEATH

		PHYSICIANS	Four statement of
	RECO	1	Carel
0	ENT	tated	The State of the

County A A. County	44)
VIIIago or City Wanchapel (No. ,	Mallone
PERSONAL AND STATISTICAL PARTICULARS	M
male White SANCE MARRIED, Married ORDINARCE ORDINARCED	16 DATE OF DEA
6 DATE OF BIRTH	Sep /
Dec 3/ , 1862 (Month) (Day) , 1862	that I last saw
7 AGE If LESS that 1 day, hrs	and that death
6/yrs. 4 mos. 26 ds. OR min.?	- Ine CAUSE OF
(a) Trade, profession, or RR Flagman	
(b) General nature of industry business, or establishment in Watchurair	*********************
which employed (or employer)  BIRTHPLACE (State or country)	Contributor
10 NAME OF Warten B. Mr. Mores	noursk
mulunee	= (Signed) Jacus
State or country	*State the
of MOTHER Lydia Anderson	SUICIDAL OF HO
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RE OR RECENT RES
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discuss co
(laformant) John B. Wallonee	Former or usual residence
(1) Address) Odeuton md	19 PLACE OF BU
15 Sup 28 30 M. L. Jones	20 UNDERTAKE
Fleolist 28, 1970 M.d. Jones	- Level

" more blooks are proded, address State Registrar, 16 W. Saraton St., Balto., Requesting V. S. No. 1

#### Of (1) STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

[ if death occurred to

a hospital or institution, give its NAME instead of street and number. ]

EDICAL CERTIFICATE OF DEATH (Month) BY CERTIFY, That I attended deceased occurred on the date stated above, DEATH \* was as follows: DISEASE CAUSING DEATH, or, in deaths from VIOLENT (1) MEANS OF INJURY: and (2) whether Accidental, MICIDAL. EBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. SIDENTS) la the .....ds. State, \_\_\_\_\_yre. \_\_\_\_mee. \_\_\_\_de. ntracted. oth ?... DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line ness of various tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever, impositor, Architect, Locomotive engineer, Civil Stationary fireman, ctc. But in many eases, etc. If the occupation has been changed The material worked on may form part pursuits can be known. The question the occupations of persons (b) Auto-

spinal meningiti."): Diphtheria (avoid use of "Croup" term CAUSING DEATH (the primary affection with respect Both land Statement of Cause of Death-Name, first, the DISEASK (the only definite synonym is and causation). for the same disease. Examples: 845.0. 540 - 915 C in the chatters. Tuberculosis of lungs. 4 . 4 . 4 . 7 . 2 . '.... ("Pneumonia using always the same accepted Le bet 1 .. "Typhoid "Epidemic cerebra pneumonia" Cerebrospingl menin

> on statement of cause of death approved by Committee on Noncenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as "Annemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" cough; Chronic pulsular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intersur-"Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . Struck by railway train-accident; Revolver surgical operation was undertaken. For violent beares "PUREPERAL peritonitis," etc. birth or miscarriage as "Puerpenal septichusmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 30 de.; Brown rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull State cause for which (Recommendations Never "Exhaustion," ACCIDENTAL, report mere important punoa ("Con-

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OCT 4 1930

P. S.

	02099
PLACE OF DEATH	STATE OF MARYLAND
1 1.	CERTIFICATE OF DEATH
County	Registration Dist. No. 24
Village or City 2dy E WINE.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Offenge Mi	shall street and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make of the word o	(Month) (Day) (Year)  IT I HEREBY SERTIFY, That Lattended the deceased from
6 DATE OF BIRTH	Tel- 28 11 1930, 10 74. 28 1, 1930.
N2C 25 , 1879	that I last saw hour alive on TVG. 2.8
(Month) (Day) (Year)	and that death occurred on the date stated above, at 1000 A, m.
0. 3   dayhrs.	The CAUSE OF DEATH & was as follows:
a occupation - ds.lords.lords.lor	Cool- 0 La hara
(a) Trade, profession or particular kind of work	Course verices -
(b) General nature of industry (1)	20.
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
110 NAME OF	(Duration)
FATHER	(Sirged) X MONTO MALE M.D.
11 BIRTHPLACE	1980 (Address) Lac son ville Ing
Z (State or country) Management	Sante the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
of MOTHER & Rugar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE APOYE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informano) les subect dans thele	Former or usual residence
(Address) Dosporta, Mo)	PARTE OF BURIAL OR REMOY. BATE OF BURIAL
15 Quark 3 me 2 2 4 6 5 Fre 20	20 INDERTARES (ADDRESS WARLAND
Filed 1923 Of RegIstrar	EH.B. Parker Athabalash
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1: M. Hayes

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) at litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Whatever, write None. worked on may form part of the second statement Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrz.). For persons who shave no occupation For many occupations a single word or term on -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of "contributory." symptomatic), "Atrophy," "Collapse," "Coma," "Conment of cause of death approved by Committee on quences (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and, consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerpenal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemorvulsious," conditions. ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for mallgnant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Chronic interstitiat nephritis, etc. The contributory Nomenclature of the American Medical Association.) (secondary or Intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; For "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." "Amaercia" VIOLENT DEATHS STATE MICANS OF INJURY Never report mere symptoms or terminal (Recommendations on state-(second-(disease (merely etc.

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

KEAU W.

PLACE OF DEATH	02100 STATE OF MARYLAND
County U- a- Co	CERTIFICATE OF DEATH
~	Registration Dist. No.
Village or City Veress (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James 74.	Marshall stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Colored Single, MARRIED. Milowed OR DIVORCED (Write the word)	16 DATE OF DEATH 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw Muncalive on 2 fg. 192,
7 AGE  7 21 yrs. Husasounds. or min.	. The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or sarticular kind of work	Chrisie neghistis
(b) General nature of industry business, or establishment in	Cleus Duration) yre mos de
which employed or (employer)	Contributory Care Coul hummhof
9 BIRTHPLACE (State or country)	Secondary (Duration) yes mos da
10 NAME OF FATHER Design Translated	(Signed) An fille sauch M. D
II BIRTHPLACE OF FATHER (State or country)	*Etate the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
(State or Country)	Where was disease contracted, if not at place of dea.h?
(Informant) mangaret marolal	Former or usual residence
(Address) Sera - a.a. Co w	St. marks co mak I 1930
15 Filed 3/2 190 Sim to Cerper	20 UNDERTAKER  ADDRESS / 027  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A
If more branks are needed, addre.s Ltate Registre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ncoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

<		PHYSI-
	WRITE INLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	RMANENT	-Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
D FOR BIL	IS IS A PE	ed. ACE shas it is so that it structions or
MARGIN RESERVED FOR BINDING	IG INKTH	efully suppli In plain term tant. See in
MARGIN	H UNFADIN	OF DEATH
	INLY, WITH	formation shate CAUSE
	VRITE	Item of initial standard standard standard occurrent of occurrent occ
(	T	N. BEvery CIAN State

PLACE OF DEATH	02562 STATE OF MARYLAND
County a.a. El.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City July 18 (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That i attended the deceased from 192 s. to 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS than   I day hrs.   ds.   or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work following from the following following from the following following from the following following from the following from	(Duration) vie mos de
which employed or (employer)	Contributory Secondary
10 NAME OF FATHER THOMAS PROSON	(Signed) Wyn & Baldum Buslie Puis
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) & Gambrills MAX	Former or usual residence.
(Address) Carl Commont	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  AND ADDRE
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

2

PLACE OF DEATH	08914 STATE OF MARYLAND
County ana Orundles	CERTIFICATE OF DEATH
county possess	Registration Dist. No. 2 3
/ f 1 14 . 1	A STATE OF THE STA
Village or Cit Deather Hts . (No. 4 Se	yeamore Roadst .: Ward) (If death occurred in a hospital or institu-
/ Y 24 -	tion, give its NAME ir -
2FULL NAME Lorang Maso	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Timal When MIDOWED. OR DIVORCED	July 1 1950
(Write the word)	(Month)—(Day) (Year)  17 I HEREBY CERTIFY, That 1 attended the deceased from
6 DATE OF BIRTH	Lan 1950 to Chy 1 , 1923
bic. 24, 858	Bu 2 17 3.
(Sonth) (Day) (Year	QVS A
7 AGE	
71 yrs. 7 mos. 24 ds. or min.	
8 OCCUPATION	Chwar Valrela Desien of
(a) I rade, profession or	
particular kind of work (b) General nature of industry	By Hears.
business, or establishment in	(Duration) 2 yrs mas ds.
which employed cr (employer)	Contributory arterio Saleroon.
State or country) Back. Md.	Secondary
I 10 NAME OF	(Duration) yrs., mos., ds.
FATHER Cales . Mason.	(Signed) M. D.
() 11 BIRTHPLACE	(Address) Lin Joanne My
CState or country)	*State the Disease Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
TI 12 MAIDEN NAME COL	Accidental, Suicidal or Homicidal.
of Mother Elyapeth Signamy -	18 LENGTH OF RESIDENCE (For I ospitals, Institutions, Trans-
13 BIRTHPLACE . A Man of	ients or Recent Residents)  At place In the
OF MOTHER (State or country)	of death yis mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. J. C. Maron.	Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Linkbusen Has, Ma	11 . a . a . a . a . a . a . a . a . a .
	Srllmmount Cemelery aug 20th, 12.20
15 Filed Aug & 138 Caldwell Woode	
Registrai	Jeorge Schilling +5 ms 1262 Monument
If more banks are needed, address Ltate Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when necded. As examples: a additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Housemoid, etc. If the occupation has been changed guged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, whatever, write None. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the Stationary fireman, et. But in many Laborer-Coal mine, etc. Wom-(b) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Spidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia.":

"Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcomo,, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., setwis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI'A., State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely. diseases Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. volvular heart The contributory disease; death

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V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County anno accorded:	CERTIFICATE OF DEATH
	74-a) Registration Dist. No. 23-
Village or City Ferndale - (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    16 DATE OF DEATH   1920   (Month) (Day) (Year)
March 6 - 1857  (Month) (Day) (Year)	17, I HEREBY CERTIFY, That I attended the deceased from  1920. to 1920.  1920. that I last saw h long alive on 700 8 1920.
7 AGE    If LESS that   I day hre or min.   des. or min.   min.	n and that death occurred on the date stated above, at 10 9. m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Bookeysy (Rared)	Lemorrhage on the Brown.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Park  Md.	Contributory Carlor Secondary
10 NAME OF James 7. Mather.	(Signed) James S. Bellingslaa M. D.  May 9 1920 (Address) Her Berry May
OF FATHER (State or country)  OF State or country)	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Francis Fontaine	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Cugland.	At place of death
(Informant) Ms. Dorthy Escheluger.	if not at place of death?  Former or usual residence
(Address) Ferndaly, My.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOV. 12., 193.0
15 Filed 11/10 1900 anno A Cerop and Respectation	Elles S-Wite 2554 Madroon le
	TO W Contain St. Poles Propositing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Caal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospingle fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia");

> (Recommendations on statement of cause of American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcama, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

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<u>}</u>	4
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HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution, give its NAME is stead of street and number.) properl of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE be may be n back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH on an, n terms so that I (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. min.? B OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in 2 .....(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA Should SE OF DI 10 NAME OF FATHER 11 BIRTHPLACE ENT CAUSI \*State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. and 12 MAIDEN NAME 2 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_\_ds. In the OF MOTHER (State or Country) 00 Where was disease contracted, if not at place of dea.h?. Every item CIANS sho statement Former or usual residence (Address If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. 8. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) Chronic intenstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The affection need valvular heart Nomenclature of the contributory not be disease

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PLACE OF DEATH	06414 STATE OF MARYLAND
County de de	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Janap de (No. 8)  2FULLENAME Emma Mat	St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MANNIE OR DIVORCED (Write the word)	16 DATE OF DEATH LINE 3 1920 1920 (Day) /9 200 (Day)
DATE OF BIRTH  (Month) (Day) (Year)	I HERERY CERTIFY, That l'attended the deceased from 1920, to 1970, 1970, that I last saw h Lalivo on 1920, 1920,
7 AGE   If LESS than   I day	and that death occurred on the days stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Passula disere
business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration), yrs. mos. ds.
10 NAME OF FATHER Necl. Mathews	(Signed) Aller Sur Levels M. D.
OF FATHER (State or country)	*State the lisease Causing Peath, or, in deaths from Flolent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER Unknow.	Accidental, Suicidal or Homicidal.  10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)  (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mancy Mathews	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 24 1923 Fray & C. France Megistrai	20 UNDERTAKER Shappress A Mothust &
If more b.anks are needed, addre.s tate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(If death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.)

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective et fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Ilphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar/ or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH County Chine Churchel	13506 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Howard, (No.	Registration Dist. No.  St.: Ward)  A hospital or Institution, give its NAME in stead of street and number.
2FULL NAME ACCOUNTS VICE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 700 25 , 192 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS that   I dayhr   ormin	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Lemature Beth,
business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
BIRTHPLACE (State or country) Mareflaced,	Contributory Secondary  (Puration)  yrs
FATHER Charles Malkeur,	(Signed) (Address) Dep Weel Reg.
OF FATHER (State or country) (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Viana reed	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?  Former or usual residence
(Informant) Vas word, Me	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL TAX TU OF Thor Search. 1/23, 1030
Filed Man 23 rd Jo 8 V.A. Clay tor Naphul Rycistras	20 UNDERTAKER REEN Harwood.
If more banks are needed, addres tate Kegist	ar 16 W. Stratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a laborer, business, that fact may be indicated thus; Farmer definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, It ousemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonymis "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the letarus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease valvular heart affection need not etc. The contributory Measles ; disease;

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	PLACE OF DEATH	STATE OF MARYLAND
	County de de	CERTIFICATE OF DEATH
		Registration Dist. No. 24
	Village or City Sunspote No. 4	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE, Widow WIDOWED. OR DIVORCED (Write the word)	Secure Of DEATH Country (400) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  (15thes () 1920. to 1920.
	(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at 1920,
	yrs. mos. ds.   day hrs. or min.?	The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work	1 teart 0
-	(b), General nature of industry business, or establishment in	(Duration) yts mos ds,
	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Benefit Truminess
	10 NAME OF FATHER Pobert Mathieus	(Signed) (Address) (Signed) M. D.
	OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER MAKENGER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	(Address 4 Laworf Caf.	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 PLACE OF B
	15 File Fre 27 1930 fray L C. Joga Megistrai	Chase Nich of Dungson
	If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Leguesting V. S. I.o. 1.

(Approved by U. S. Census end American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Without more re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many

Strtement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrosphalferer (the only definite synonym is "Epidemia cerebrosphalmalmenin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

3

approved by Committee on (Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic affection need valvular heart Nomenclature not be disease;

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V S. No. 1

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Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. COR WRITE

PLACE OF DEATH	12145 STATE OF MARYLAND
County Clause annuall Co.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Harman (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Elizabeth Ma	Than stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Juffe. OR DIVORCED (Write the word)	16 DATE OF DEATH October 11 1930 (Year)
6 DATE OF BIRTH  Securely   8 1/2 (Month) (Day) (Year)	that I last saw h walive on 1920,
7 AGE    Syra   Syra   Mos.   3 ds.   or   min.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	(manina 4)
(b) General nature of industry business, or establishment in which employed or (employer)	(Durason) mos do
9 BIRTHPLACE (State or country) Weakles Mil	Contributory Secondary (Duration)
10 NAME OF Charles Melthous.	(Signed) Allegander M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (STATE OF COUNTRY)  12 MAIDEN NAME  (STATE OF COUNTRY)  (STATE OF COUNTRY)  (STATE OF COUNTRY)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER file Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Rosidents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Michelas - Mallhaus	Former or usual residence
(Informant) The Starring St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 13, 1930
15 Filed Caf 13th 1930 Clara Molaship.	Elwood M. Lisher Laurel Mid.
If more blanks are needed, address State Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state oecupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (sceondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease valvular heart disease; etc. The contributory Measles;

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PLACE OF DEATH	02560 STATE OF MARYLAND
County 1-01	CERTIFICATE OF DEATH
Village or City annalistis (No. 43 Pac	Registration Dist No
	MC Collough. (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 2 6 , 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
in known -, 1	7/25. 1927, to 1927,
(Month) (Day) (Year) 7 AGE [If LESS than	and that I last saw h alive on 192 ,
about 70 yrs mos ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work  Daticular kind of work	. refinles, chronic, Cevif.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)  Q - Q - CO Md.	Contributory Secondary  (Dustion) yrs mos ds.
10 NAME OF FATHER MANAGEM	(Signed) M. D.
State or country) Q — Q — Cg///d	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rachel Ready,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Chice Walkins Jumes	Former or usual residence
(Address) 43 Paca Street	Browerfill Centl-, 4, 30, 1930
15 Filedrech 29 1923 D frayle C. fra 2 Ve	E HB Parker 47. Washington
If more hanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) first line will be sufficient, e.g., Farmer or Planter, siciun, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, mencough; Committee on Chronic and consequences (e.g., sepsis, etc. valvular heart disease; Nomenclature of the The contributory " "Shock," not be

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V. S. No. 1

	PHYSI.
	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	should be it may be s on back
	AGE o that
	uppiled. terms s ee instru
	efuily s in plain tant. S
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7

PLACE OF DEAT	rundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	Samuel McConnell	number.)
SEX 4 COLOR	MARRIED,	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  July 19th , 192.30
ale blac	OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	unknown , 1.871 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from October 16 192 1 to July 19th 192 30 that I last saw h imalive on July 19th 192 30
59 yra	unknown ds.   If LESS than   I day hrs.   or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Unknown	
(b) General nature of inc business, or establishmen which employed or (employed	lustry t in	(Duration) yrs. 6 mos. ds.
BIRTHPLACE (State or country)	Unknown	Contributory Secondary (DAMON)
10 NAME OF FATHER	Unknown	(Signed) D. Jul. 19 92 30 Address) Crownsville, Md.
OF FATHER (State or country)	Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	Unknown	ients or Recent Residents)  At place 8 yrs. 9 mos. 3 ds. In the State. Lyrs. 10 mos. ds.  Where was disease contracted,
	THE PERT OF MY KNOWN FOCE	if not at place of death?

At Large, Maryland Former or usual residence.

19	PLACE	OF	BURIAL	OR	REMOV	AL
4	1. 6	1	P.		1.	_

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. M.

Reo rds

Grownsville, Maryland

Hospital

(Informant)

15 Filed (Address)

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neecsfulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physicism, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to caeh and every person, irrespective of Statement of Occupation-Precise statement of oeto report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted te. I for the same disease. Examples: Cerebrospinal fever (12 only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. ean be ascertained as the eause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury (secondar, Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . 'name origin; "Caneer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLACE OF DEATH	STATE OF MARYLAND
		County C. C.	CERTIFICATE OF DEATH
		6	Registration Dist. No. 21
ificate.	Vil	lage or City Usmapolis (No. Emergen 2FULL NAME Robert Daniel	A NABAR I
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 5	Male White Single, Married, Single Widowed.  White Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
ns on t	6 0	OATE OF BIRTH  Oug 10, 1906  (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decaased from 1920, to 1920, that I last saw harmalive on 122, 1920,
ctio	7 A	(Jear) (Tear)	and that death occurred on the date stated above, at 19 m.
instru		24 yrs. 3 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:  Rule Myac ardilar
See	1	a) Trade, profession or Carpenton	tendar alter
1		b) General nature of industry usiness, or establishment in	(0)
orta	A	which employed or (employer)	Contributory Alexander Arthritis
imp	9 8	(State or country) Chinapolis 24d.	Secondary J. (Durstion) yrs. 3 mos, ds.
s very		10 NAME OF FATHER Daniel 9. WE Corkle	(Signed) J. Willin Martin M. D.
20	RENTS	OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	PAF	OF MOTHER Jama V. Rollins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Racent Residents)
DCCD		OF MOTHER (State or Country) Churapolis Mid	At place of death yrs mos. de. In the 34 yrs 3 mos 12 ds.
0	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Homewood Q.Q. Co. Ind.
ent		(Informant) Jama V. M- Corkle	ususl residence Pormulata 4, 4, 6,
raten		(Address) amapoli 24d.	Cedar Bluff Cent Her 24, 1030
60	15	Filed Mr 23 19230 Jay 4 c. Joy a Mil	John 14. Vayler andress
	-	If more bianks are naeded, address Stata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. first line will be sufficient, e. g., Farmer or Planter, stein, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Stationary fireman, etc. But in many Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis to time and causation), using always the same accept Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

answered in detail, it will prevent further correspondence. All the permanently filed. It this certificate is looked over thoroughly and all questions

1938

1PLACE OF DEATH	STATE OF MARYLAND
County Jame Grandel	CERTIFICATE OF DEATH
Carnopole Junition &a	Anch Francis Registration Dist. No. 22 &
Village or City (No.	Adhard or we a Of death occurred in
We are me x	St.: Ward) a hospital or institution, give its NAME is stead of street and
2FULL NAME VACAGE M. X	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED.	16 DATE OF DEATH
Male Colored OR DIVORCEO (Write the word) & hugle	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
January 13, 1920/	July / Y 192 cg. to September 6, 1800
(Month) (Day) (Year)	that I last saw h Malive on Double 6, 1920
7 AGE If LESS than I dayhrs.	
Oyrs. mos, ds. or min.?	Tulmonory Duke culoses
a) Trade, profession or  (a) Trade, profession or  (b) Trade, profession or	1
(b) General nature of industry Inmate of Dahoal	
business, or establishment in which employed or (employer) for Deetle muded	(Durstion)yrs fros de.
9 BIRTHPLACE (State or county)	Contributory LLKG - Mundebruss Secondary
Mashington, D.	(Durstion) 10 yrs. 7 mos. 27ds.
FATHER LES M M & Sound	(Signed) Associated James M. D.
M 11 BIRTHPLACE	Sept 1 1920 (Address) Amagine Sel Land
Z (State or country) Jung was	*State the Ilisease Causing Death, or, in deaths from Violent Causea, atate (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Ung wind	of death vrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Informant fleards of & which Framing Lehan)	usual residence
(Address) When sole Sunction Mo	19 PLACE OF BURIAL OR REMOVAL OF DATE OF BURIAL
15 a) Liville Vlalle mitte	20. UNDERTAKER ADDRESS A
Filed Sept 1980 Olana M. Washin. Registrar	Dr Remetle B Jones amapalis ker.
If more banks are needed, addre, a State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, or Al Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(A) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-"Weakness, Chronic "etc., when a definite disease valvular heart disease; etc. The contributory affection need not be Measles ;

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	0129 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
al p	Registration Dist. No.
Village or City Lerman Jannes.	St. Wand (If death occurred in
2FULL NAME Sallie Mc Goin	St.: Ward)  A lospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
March - , 1848	1920 to flu. (, 1970,
(Month) (Day) (Year)	that I last saw h he alive on find y 1922,
7 AGE   If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
80 yrs. / mos. ds. or min.?	O arteriosclesta Cardio-
a) Trade, profession or particular kind of work	Maseular descene
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Davidson Ville And	Contributory Secondary  Alexandry (Duration)  yis., mos., 2 ds.
10 NAME OF Sameul Lane	(Signed) Alfath fullayou M. D.
U 11 BIRTHPLACE OF FATHER	1920 (Address) Cully My
(State or country) Davidson Ville And	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Venus Wells	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Down ason Villa 11/0	of deathmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Rachel Me 9. 1 Eland	usual residence.
(Address) GErmantoun Ind	Daniel Star Cent 1. 1980
Filed Jun 14 19230 Joseph & Joseph Registrar	20 UNDERTAKER Parker & Son 47 Washington Si
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

p- Underson

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when necded. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile factory. The (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always quilify all "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anacmia" (merely symptomstited unless important. Example: Measles (disease Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "Uraemia, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, " "Weakness," etc., when a definite disease cough; or intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be Measles ; etc., of

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Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in -stead of street and number.) MEDICAL CERTIFICATE OF DEATH and that death occurred on the date stated above, or, in Violent Causes, atate (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

In with contificate or file 12/3/28 all Co. 8/24/20

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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WRITE

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V. S. No. 1

PHYSI-

1PLAC	E	OF	DEATH
County	Ar	ne	Arundel



### 0130 STATE OF MARYLAND CERTIFICATE OF DEATH

Villag	e or City	aura E. McLane	Registration Dist. No.  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2FULL NAME PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3 SEX	a color or race	SSINGLE, WIDOWED WIDOWED. OR DIVORCED (Write the word)	January 13, 1930 (Month) (Day) (Year)
6 DAT	re of Birth unkno		March 30, 1925 to Jan. 13, 19230 that I last saw h er alive on Jan. 13, 19230
7 AGE		If LESS than I day hrs. or ds. or min.?	and that death occurred on the date stated above, at 7.40 a.em. The CAUSE OF DEATH * was as follows:  Cerebral Arteriosclerosis
(a) part (b) busi which			(Duration) 5 yrs. mos. ds.
11	NAME OF William	n Ross	(Signed) M.D. Jan. 13, 30 (Address) Crownsville, Md.
ENTS	OF FATHER (State or country) UNKNOWN	i	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	2 MAIDEN NAME OF MOTHER Mary J		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	3 BIRTHPLACE OF MOTHER (State or Country) UNKNOW		At place 4 yrs 9 mos. 13 ds. In the 62 yrs mos. ds.
14 TH	HOSDITA	T OF MY KNOWLEDGE  Records	if not at place of dea.h? Former or Baltimore City
	(Informant) HOSPICAL		Hospital Cemetery Jan. 14, 19 30
15 F	iled / 14 5Goz	900 Jaze	2D UNDERTAKER Ruft Walesburg

If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a loborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foremun, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as (b) Automobile factory. The material Stationary fremon, etc. But in many (6) Grocery;

Strtement of Gause of Death—Name, first, the DISEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from ehildbirth or miscarriage as "PUERPBRAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Mcosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

9	9
2	d

JESSUP. Md. (NoMARYLAND HOUSE of CORRECTION.

(If death occurred in a hospit it or institution, give its NAME in stead of street and number.)

### CHARLES MCLAUGHLIN 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

	16 DATE OF DEATH October 20 - 1930 . 192
-	10th (Month) 20th(Day) 1930 (ear)
	Sept. 14-19302 to Oct.20-1930, 192
1	him 00+ 10 1070
r)	
han	and that death occurred on the date stated above, at 5 & M. m.
hrs.	The CAUSE OF DEATH * was as follows:
	Broncho Pneumonia.
	4
	(Duration) yrs, mos ds.
	Contributory Hemiplegia.
	(Wasserman Positive), 10
	(Signed) Milles / Warrie M. D.
	Oct.20-1950 (Address) Jessup. Md.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrsmosds. In the Stateyrsmosds.
	Where was disease contracted. Not known if not at place of death?
lin	Fermer or usual residence North Carolina.
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Cherry Roil! Get 20, 1981.
h	20 UNDERTAKER ADDRESS
<i>j</i>	I'd Marshall Jessuf Ind
trar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4 COLOR OR RACE 5 SINGLE WIDOWED. Single OR DIVORCED (Write the word) structions on back Male Negro 6 DATE OF BIRTH Not known 1189 (Month) (Day) (Yes IFLESS I 7 AGE I day CCUPATION (a) Trade, profession or Laborer particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) BIRTHPLACE (State or country) North Carolina 10 NAME OF FATHER Not known 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Every Item or more CIANS should state 13 BIRTHPLACE OF MOTHER (State or country)

If more branks are needed, address State Regis

o'N où:

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Architect, Locomotive not gainfully em-Grocery, engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonilis, atic), "Atrophy." "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarconu, etc., of American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report more symptoms or terminal condicough; Committee on Nomenclature 29 ds.; Bronchopneumonia (secondary), Chronic etc. The contributory valvular heart disease not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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TXSI		County	nne Arundel		
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Stred ssified			ral Hospital		napolis, N
ACT lass	Vil	lage or City		(No.	-
y c		2FU	LL NAME Walt	er McLea	n
properl of certif		PERSON	NAL AND STATIST	ICAL PARTIC	ULARS
	3 5	SEX	4 COLOR OR RACE	MARRIED.	Married
00-		Male	White-US	OR DIVORCE (Write the wor	(D
hould t may l	6 0	DATE OF BIR	тн		
S = 1 S			July	30	, 1855
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uppll term	8.0	CCUPATION			
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em of Information should should state CAUSE OF D ant of OCCUPATION is very	PARENT	FATHER  11 BIRTHPL OF FATH (State of 12 MAIDEN OF MOTH 13 BIRTHPI OF MOTH (State of	Unknown  ACE ER COUNTRY) Unknown  ACE HER Unknown  ACE HER Country) Unknown	Wn n OWn T of MY KNOW	
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	02561	STATE C
74-0		CERTIFIC

OF MARYLAND ATE OF DEATH

Registration Dist. No.

St.: War	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH March	, xx1930
March (Month)	20 (Day) 1930 (Year)
17 I HEREBY CERTIFY, That I a 27 August 192 9 to 20	
that I last saw him alive on 20 ME	rch, 1930, 192,
and that death occurred on the date stat	ed above, at 9:50 am.
The CAUSE OF DEATH * was as follows:	
General Arteriosclero	sis
Unknown (Duration)	
Contributory Cerebral F	
(Duration)	) 6 mosds.
(Signed) L. R. Newhous	) ys 6 mosds,
3/20 190 (Address) SNHOS	p.Annapolis.Md
(Address)	the state of the s
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
At place 0 yrs. 6 mos. 0 ds. In t	he tateyrsmosds.
Where was disease contracted, if not at place of desth?	
Former or usual residence Anna polis, M.	aryland
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
· Arlington Va.	Mar. 22, 1930
O UNDERTAKER	ADDRESS
John M. Taylor	Annanolis Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fromun, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Manager," "Deal-Spinner, Physician, Compositor, Architect, whatever, write Nonc. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (o) Salcsman. without more precise specification as Dog For persons who have no occupation (b) Automobile factory. The material Locomolire engineer, 3 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*\*Crebrospinal fever\*\* (\*t) = only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever\* (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably smeide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitiol nephritis, approved by Committee on Nomendature (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Chronic valvular heart diseose, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is elsential and must be obtained before the certificate is permanently filed.

S. No.

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PHYSI-

PLACE OF DEATH	08913 STATE OF MARYLAND
County acure arundel	CERTIFICATE OF DEATH
Village or City Manhatton Brock.	Registration Dist. No
2FULL NAME John William	memullan tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white of blocked (Write the word)  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	august (Month) 16 (Day) 1930
6 DATE OF BIRTH MAN, 29, 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry  (b) Use of the second control of the second contro	Angina parteris, Cent 67.  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Suotville Servi.	Contributory Orterio-seleroses. Secondary  (Durstjon) yrs. D. mos. ds.
10 NAME OF FATHER James M Millan	(Signed) askering of Box M. D. Lug. 16 100 (Address) Severna Park his
OF FATTER (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jary Chan Jordand  13 BIRTHPLACE OF MOTHER (State or Country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(Address) 801 lasstinestal Bl	p place of Burial OR NEMOVAL DATE OF BURIAL CAUGIST, 1930
15 Filding 18 Bo Due Hanggry	Henry It Jenkins Sono Torchard
If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00013

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Deal-," etc., Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

si-	1PLACE OF DEATH	03931  s
X F X	County A. A.	CE
ied.		101-0
CTL CTL	Village or City Weems Creek (No.	S
CORD EXACTLY classificate.	<sup>2</sup> FULL NAME Clarinda. No. No.	ff,
Stated E properly of certifity	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
NEN be st be pr	Female White Single, Widowe OR DIVORCED (Write the word)	16 DATE OF DEATH
A PERMA SE should nat it may ons on bac	Aug I9 , 1 85 I (Month) (Day) (Year)	17 I HEREBY CER
KTHIS IS A P supplied. AGE s n terms so that is see instructions	7 AGE  78 yrs. 7 mos. 24 ds. or min.?  8 OCCUPATION (a) Trade, profession or	and that death occurred of
of information should be carefully uld state CAUSE OF DEATH in plain of OCCUPATION is very important.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Manchester. England.  10 NAME OF FATHER Daniel. Dunn,  11 BIRTHPLACE OF FATHER (State or country) Ireland.  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Unknown  13 BIRTHPLACE OF MOTHER (State or Country) Unknown  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Charles. B. Mc. Neff.	Contributory Secondary  (Signed)  *State the Discase Violent Causes, atate ( Accidental, Suicidal or Hor  18 LENGTH OF RESIDEN ients or Recent Resident At place of death yrs mos.  Where was disease contracted, if not at place of dea.h?  Former or usual residence
WRITE BEvery item CIANS sho	(Address) Weems Creek  15 Filed Ofil 13 19232 Fry 4 C for a Test	St Marys Cem lo undertaker B. I., Hopping,

03931

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	ist. No	, 4

St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and
		number)

ADDRESS Annapolis. Md.

de Date of DEATH /	2E , 1930
	)(Day) (Year)
	t I attended the deceased from
	apr/2,199
that I last saw healive on a	W. 10 51931
and that death occurred on the date	stated above, at 27 7 m.
John To	Lewis
	& . · ·
	0++++0+++0++0+0+++++++++++++++++++++++
(Durayo)	moon, de.
1	us toni
	7-
Duration	
11 11 1 1 1	Henley .
(Address)	
*State the Distase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State yrs mos ds.
Where was disease contracted, if not at place of death?	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	
St Marys Cemetery	April I4th, 30

MEDICAL CERTIFICATE OF DEATH

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ('Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; affection need etc. The Always qualify all contributory not be

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S. No. 1

N. B.--

7	4	LY, PHYSI-
	PECORD	EXACT perly class ertificate.
BINDING	PERMANENT	should be stated in may be proposed on back of oc
FOR	IS A F	so that
MARGIN RESERVED FOR BINDING	INLY, WITH UNFADING INK-THIS IS A PERMANENT PECORD	f information should be carefully supplied. ACE should be state EXACTLY, PHYSI-d state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of oertificate.
~	WITH	tion sho
	VNLY,	f informa d state C

PLACE OF DEATH	
PLACE OF DEATH County Q. A.C.	
199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 -	(90)

#### 03932 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23-

110	Registration Dist. No. 23-
Village or City Millhurson (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME SLOTTE Stenry	me Pherson tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	)6 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sigh 25 , 1/89	1929 to april 8 , 1924
(Month) (Day) (Year)	that I last saw h malive on upril 1923,
7 AGE   If LESS than	
8 / yrs. 6 mos. 14ds. or min.	
(a) Trade, profession or particular kind of work	& Oedering of the Lungs.
(b) General nature of industry	L. Hase
business, or establishment in which employed or (employer)	(Duration) yrs. moe de.
9 BIRTHPLACE (State or country) AMA 911	Contributory Moray Palrula Dunas of the
I 10 NAME OF	(Duration) Trosds.
FATHER Samuer Melhorson	(Signed) Property (Address) The Burne, mg
OF FATHER  C(State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	
of MOTHER Carolina Narman	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ale March	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant Mrs Gymn Met Leers	Former or usual residence
(Address) Grootly u	DATE OF BURIAL OFFREMOVAL DATE OF BURIAL OFFICE OFFIC
15 Filed 4/8 930 mo Alus ye	2 My DERTARE SULLAND for MANTAGE
	- 16 W Sandana St. Balto Proventing V S. to. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yris). For persons who have no occupation state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Paysician, whatever, write None. Housemuid, etc. If the occupation has been changed " etc., without more precise specification as Doy borer, Farm laborer, Laborer—Coal mine, etc. Wom1 at home, who are engaged in the duties of the Foreman, For many occupations a (b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Stationary fireman, etc. But in many Architect, single word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEALL (NUMBERGEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping cough; (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) Chronic and consequences (e.g., sepsis, affection need not be etc. The contributory valvular heart disease;

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or Remysles

V. S. No. 1

	PLACE OF DEATH	03934 STATE OF MARYLAND
	County W W	CERTIFICATE OF DEATH
1	A. I. Em	Registration Dist. No.
	Village or City (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and
	2FULL NAME 10 Warres, C.	rumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Make 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH Odoffer 2 2, 1873	17 I HEREBY CERTIFY, That I attended the deceard from
	(Month) (Day) (Year)	that I last saw h malive on 19030
	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	Soyrs. O mos. ds. or min.?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 A	8 OCCUPATION (a) Trade, profession or Passident of the sarticular kind of work	Ityper hophic circuses
1	(b) General nature of industry business, or establishment in Belling	
V	which employed or (employet)	(Duration) mos des
	9 BIRTHPLACE (State pr country)	Contributory Secondary  (Destion) Lyrs mos Sads
	FATHER BY STOLE MINE	(Signed) Vouled Do
	on II BIRTHPLACE	hr. 311928 (Address) Culto for the
	OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Ima. Incheouse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) a. g. G. Find	At place of deathyrs mosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discase contracted, if not at place of death?
	(Interment) Mo Caroline L. Mease	Former or usual residence
	(Address) Golf, Stating 9.9, 8. 70	Holy Reference binily the 1930.
	Filed april 3 19230 fray 6 c. fry a Ma	20 UNDERVAKER Ballo MA ADDRESS
	Registrar	renny soly one, w, so, s grand
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

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"Inanition," "Marasmus," atic), "Atrophy, vimper, atic), "Atrophy, "Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL scplicacmia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephrilis, cough; or intercurrent) Chronic etc. The contributory valvular heart disease; affection need "Old Age," "Shock, not be

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No 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(Ind)
2/	Registration Dist. No. 23
Village or City William (No.	St.: Ward) (If death occurred in
2 FULL NAME John Seller	Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male My To OR DIVORCED	192
(Write the word)	(Month) (Day) SC(Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
10000, 1000	bollette -
(Month) (Day) (Year)	that I last saw h calive on 1920,
7 AGE	
80 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	(Challes ein.
(a) Trade, profession or particular kind of work	annument of the start of the st
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vie. mos. A.ds.
9 BIRTHPLACE	Contributory Loben Vincentria.
(State or country) $\mathcal{U}\mathcal{A}\mathcal{C}\mathcal{O}$	(Duration) yrs
10 NAME OF	(Signed) John Milles ander M.D.
FATHER LAND MISSIS	1 192 (Address) flas Berne
IN II BIRTHPLACE OF FATHER	
Z (State or country) UU	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Thus (18 man)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
TA THE ABOVE IS TABLE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) (Informant)	usual residence
Narman In	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Audress)	20 UNDERTAKER ADDRESS
Filed Den 10 1924 Janus Meine In	It which the land
If more banks are needed, addre.s atate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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APR 10 1991

1 <sub>PLA</sub>	CE OF	DEATH	
County,	Anne	Arundel	******



#### 0131 STATE OF MARYLAND

County 22220 March 110 Charles II Const	Registration Dist. No.
Village or City Crownsville State Hospit.  2FULL NAME Betty Meekins	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex   4 color or race   5 single, married   Ma	16 DATE OF DEATHDANUARY 1st, 19230  (Month) (Day) (Year)
6 DATE OF BIRTH  Unlesse William (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS that   I day hrs   I day	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Housework  (b) General nature of industry	2 hours
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Maryland	Contributory Acute Interstitial Nephritis
10 NAME OF FATHER John Flamer	(Signed) Def Deficient yrounds.  (Signed) Def Deficient yrounds.  Jan 1 19230 (Address) Crownsville Md.
OF FATHER UNKNOWN  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bettyb?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place 3 2 mos 19 ds. In the Lifetime ds.  Where was disease contracted,
(Informant)  Hospital Records	Former or usual residence Dorchester County, Md.
(Address) Crownsville, Maryland	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 3, 19
Filed 4 . 30 Some Registrar	20 UNDERTAKER ADDRESS DH. T. Willevin Supt Willebury
If more branks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of age. For many occupations a single word or term on cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condicough; Chronic and consequences (e.g., sepsis, etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County G. Blvd.	06415	STATE OF CERTIFICATE	OF DEATH
ifleate.	Village or City Unnapoles (No.	duszews	_St.:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
on back of	Male While Single, Married. Single, Married. Wildoweb. Single or DIVORCED (Write the word)		ERTIFY, That I att	(Day) (Year)
00	Grul 3, 1905			
struction	7 AGE  (Month) (Day) (Year)  [If LESS than I dayhrs. or	and that death occurr The CAUSE OF DEAT	ed on the date stated	above, at
it of OCCUPATION is very important. See in	8 OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed 1981  *State the Distributory Violent Causes, state Accidental, Suicidal of 18 LENGTH OF RESTIGHTS or Recent Restate of death 1918 Where was disease contribution of the place of death 1918  Where was disease contribution of the place of death 1918  Tomber or 1918  Contributory  *State the Distribution of the Price of the P	(Address)  (Address)	or, in deaths from jury and (2) Whether
statement	(Address) Bronislaw Mioduszewski  (Address) Buttimore Md.  15 Filed me 14 19230 frage Registrer	19 PLACE OF BURIAL Balling 20 UNDERTAKER William Fi	or REMOVAL 244 alkowski	pate of Burial June 14, 1920 address Amapolis
KI	if more blanks are needed, address State Registrar	, 16 W. Saratoga St., B	alto., Requesting V.	S. No. 1. Mel

& co/0. cus. 7/7 hem mother July 1,1820

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer -- Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 2 1930

nstructions on back so that it may

terms

in plal

CAUSE OF DEATH in pla

Registra

If more b.anks are needed, address trate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02563 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	22, 1930
(Month)	(Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
192 to	, 192
that I last saw halive on	, 192
and that death occurred on the date state	d above, atm
The CAUSE OF DEATH * was as follows:	
apreya	
	, o., t., o., o., o., o., o., o., o., o., o., o
(Duration)	yrsmosds
Contributory	
Secondary	( )/-
(Duration)	yrsds
(Signed)	ing, Md
*State the I is ase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, o, in deaths from njuly and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
of death	ateyrsmosds
Where was disease contracted, if not at place of doa h?	
Former or usual residence	
19 PLACE OF BURIAL OR REACVAL	DATE OF BURIAL
Jarus of for Chance	724,193
20 UNDERTAKER	ADDRESS
	11/2 -11

WRITE

(Approved by U. S. Census and American Public Health Association:)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestie service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, us At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a laborer, whatever, write Nonc. report specifically the occupations of persons enfirst line will be sufficient, e. g., Rarmer or Planter, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondior intercurrent) affection need not Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease;

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SLAINLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITY

	PLACE OF DEATH	
	County and arundel	STATE OF MARYLAND
	A second	CERTIFICATE OF DEATH
•	Village or City Menburne (No.	Registration Dist. No. 23
runcate	2 FULL NAME Infant D	St: Ward) (If death occurred in hospital or institution, give its NAME in stead of street an number.)
00	PERSONAL AND STATISTICAL PARTICULARS	
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	MEDICAL CERTIFICATE OF DEATH
	Male Bl. WIDOWED. OR DIVORCED	16 DATE OF DEATH August 9 1030
2	(Write the word)	104
5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2	lugust 9 1930	192 to
	(Xighth) (Day) (Year)	that I last saw halive on, 192,
	7 AGE   If LESS than	and that death committee of the committe
	I day hrs.	and that death occurred on the date stated above, at
7	B OCCUPATION mos. de. or min.	1 chiows;
4	(a) Trade, profession or particular kind of work	Stillharm
W	(b) General nature of industry	A Description of the second of
H	Dusiness, or establishment in	
T.	which employed or (employer)	(Durstion)yrsmosds.
1 3	BIRTHPLACE (State or country)	Contributory Secondary
11-	10 NAME OF	
-	FATHER / / / / /	(Signed) (Duration) yrs. mos. de.
11 ,	11 BIRTHPLACE	M. D.
	OF FATHER ( )	192 (Address) January 160
i i	W Country / Orthe (Ab.)	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	OF MOTHER	
1	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country)	At place In the
14	THE ABOVE IS TRUE TO THE PERSON.	Where was disease controlled. Stateyrsmosds.
	1	n not at place of dea.h?
	(Informant) MMU MUS	Former or usual residence
		9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	and a second of the state of the second of t	1 1 Malia 3.
15	Filed 10 Aug 1923 Plant hoosy 1/2	20 UNDERTAKEN 19 ADDRESSE
	If more blanks are needed, addrs. s tate Registrar,	16 W S
	, Add Nogistrar,	w. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

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> approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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RECEIVED SEP 22 100

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PHYSI-

PLACE OF DEATH	05208 STATE OF MARYLAND CERTIFICATE OF DEATH
County Amo Hounall	Registration Dist. No. 23
Village or City Drooklyn (No Con 15)	Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
2 FULL NAME U/SU/U /VO/OND YYIC	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOR ED! (Write the world)	(Month) (Day) (Year)  I HEREBY CERTIFY That I attended the decessed from
6 DATE OF BIRTH	(8/00 15 192 to 192
(Month) (Day), 186	and that death occurred on the date stated above, et /// // // // // // // // // // // // /
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
s OCCUPATION (a) Trade, profession or particular kind of work.	Brobable Myolarain oncer
(b) General nature of industry business, or establishment in which employed or (employer)	Mend Western Mys Mon No.
9 BIRTHPLACE (State or confuty) na Polano	Contributory Secondary  (Dufation) yrs da
10 NAME OF WOOD NOWICZ	(Signed) Mry autony Corones M. D.
11 BIRTHPLACE OF FATHER (State or country) Poland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Paland	At place of death yrs. mosda. In the State, yrs mosda.
(Information) MCLASS COPIES ST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
(Address) Albot 151 AXS	7404 Cross May 19, 1980
Filed 15 May 1931 All Holl Some	My Frackowsky 1618 Early
if wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

STATE OF MARYLAND

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases. \*specially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter; whatever, write None. (u) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on 6 yi's.). For persons who have no occupation without more precise specification as Day As examples: (a) gainfully em-The material

Ecacement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Coych ospinal fever (the only definite synonym is "Epidemic grebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," stated unless important. Example: Measles mgrs, peritonacum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a d finite disease rhage." "Inanition." "Marasmus." "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." ary), M ds. causing death), 29 ds.; Bronchopn amonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men ture of the injury, as fracture of skull, aud conse Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under "PURRIERAL septicaemia." "PURRYERAL peritoritis," (secondary or intercurrent) affection Whooping ...... (name origin; "Cancer" is less definite; avoid quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURI cough; Never report mere . ymptems or terminal Chronic valvular heart disease; (Recommend tions on state-"Anaemia" The contributory "Coma," "Conneed "Haemor-The na-(discase (second-(merely not be

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BURREU

V. S. No. 1

PLACE OF DEATH	01321 STATE OF MARYLAND CERTIFICATE OF DEATH
County	
Village or City Lowes (No.	Registration Dist. No.
2 FULL NAME Horace Will	St: Ward)  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH — (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	I HEREBY CERTIFY, That I attended the deceased from 193 g. to 193 p. that I last saw harmalive on 193 f.,
7 AGE If LESS than	and that death occurred on the date stated above, at 1.45 g.m.
yrs. mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or family particular kind of work	
(b) General nature of industry	
Which employed or (employer)	Contributory Approle
9 BIRTHPLACE (State or country) Amoldo Mod	Secondary
10 NAME OF Pamply Miller	(Signed) M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Mannond	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Omnords  Mid	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) MA Miller by	Former or usual residence
(Address) JUMES hed	Mu Calvery Cent 2 4 1930
15 Filed M 3 1923D Jay 6 C. Jac 24	30 UNDERTAKER & Son 47 Washington
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken hon ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Idanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, or intercurrent) affection need Committee on Chronic Carcinoma, Sarcoma, valvular heart disease etc. The contributory Nomenclature not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

WRITE

PLACE OF DEATH	03935 STATE OF MARYLAND
County1	CERTIFICATE OF DEATH
film:	Registration Dist. No.
Village or City // (argvilo(No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATHAM 5, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Nov 27 1929	July 1923. to 192, 192,
(Month) (Day) (Year)	that I last saw has alive on April 0, 1920
7 AGE    If LESS than	and that death occurred on the date stated above, atm,
4 9 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.)	104 10 10-16
(a) Trade, profession or particular kind of work	sear muchus
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Daration) yrs. mos ds.
9 BIRTHPLACE	Contributory Melusur
(State or country) of Mararels 111de	Secondary (Duration) yis Amos de
TO NAME OF MALL LA DA'LL.	(Signed) Clubrose Pareco A MD.
11-11 Huller	47 1930 (Address) Prese of the
S II BIRTHPLACE OF FATHER	
OF FATHER (State or country) avnoldo 111d	*Syste the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Horida Hooney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
a hom H Miller	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 4 avnotab Md.	Borenertal ( End - 4 8. 1980
15 Fildfred 7 19232 frag L C. frage mes	E HB Parker 47 Washington
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	br Macia

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material 3 Grocery;

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

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palment /n. / rect	1 lely
PLACE OF DEATH  County and areast	07624 STATE OF MARYLAND CERTIFICATE OF DEATH
go'. I diag	Registration Dist. No. 21
Village or City Whitneys Lau (No	St.: Ward)  (If death occurred is a hospitel or institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 18 , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 16, 1900	, 192, 192
(Month) (Day) (Year)  7 AGE (If LESS than	that I last saw halive on, 192
29 yrs. / mos. 2 ds. or min.?	
8 OCCUPATION (a) Trade, profession or mashemest mashemest	
(b) General nature of industry business, or establishment in which employed or (employer)  Brokk G.	(Duration)yrsde
9 BIRTHPLACE (State or country) Balteneous In	Contributory Secondary  (Duration) yrs mos definition
10 NAME OF FATHER FROM Miller	(Signed). AM. E. Malla J. M. E. M. E
OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Saphee Murles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) & atherine M. Miller	Former or usual residence
(Address) 2354 Willeman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed My 3 1 1923 0 Land Register	Harry With 4101 Umondson
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptdiagram for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

mu an Bolong.

approved by Committee on American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid Chronic 2 valvular heart disease; etc. The contributory Nomenclature of the

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PHYSI-

PLACE OF DEATH	14619 STATE OF MARYLAND
County Ce_4.	CERTIFICATE OF DEATH
	Registration Dist. No. 24
4 1	
Village or City Manager City	St.: Ward) (If death occurred in a hospital or institu-
2FUIL NAME Josfaul Pr	tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, CLASS	16 DATE OF DEATH
WIDOWED.	Nec. 5 1926
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
12/6 .1930	1920 to 1921.
(Month) (Day) (Year)	that I last saw h alive on 1926,
7 AGE [If LESS than	and that death occurred on the date stated above, at
Ital was I dayhrs.	The CAUSE OF DEATH * was as follows:
mos. ds. or min.?	1 1 1 1
8 OCCUPATION (a) Trade, profession or	Darberry,
particular kind of work	
(b) General nature of industry business, or establishment in	0,5444444444444444444444444444444444444
which employed or (employer)	(Duration)ds.
9 BIRTHPLACE ()	Contributory Secondary
(State or country) have Stu. Was	(Ilurstion) yrs mos ds.
10 NAME OF	11 2 Jun 2
FATHER Horace Party	(Signed) M.D.
M 11 BIRTHPLACE	1 8 - 1923 4 (Address) 4 4 4 5 1
E OF FATHER (State or country) a. G. G. n.	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TIZ MAIDEN NAME)	Accidental, Suicidal or Homicidal.
of MOTHER Mentia Willes	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) ( 4. Co. help.	of deathyrsds. Stateyrsda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
01 1 9 11.	Former or usual residence
(Informant) History Musty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frus Pla	T- 1 (
(Figure Cos)	20 UNDERTAKER QADDRESS
15 Filedne 8 1923 dayle e. fra he	tistes milles frue Fla
If more blanks are needed, addre.s State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1. W.
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(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DINEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrosphable fever (the only definite synonym is "Epidemic cerebrosphable in almeningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Taemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, As commendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU. cough; Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

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WRITE

rsi-	PLACE OF DEATH	19146 STATE OF MARYLAND 3
E.	County U. U.	CERTIFICATE OF DEATH
Y, ied		Registration Dist. No. 225
SSIF	Village or City New haules (No.	St.: Ward) (If death occurred in
KAC clar ate	1 Police MI	a hospital or institu- tion, give its NAME3; - stead of street and
ri E	2 FULL NAME - Hlewing / Vfr	number.)
stated prope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e pr	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, Single	16 DATE OF DEATH
id b	Male white (Write the word)	(Month) (Day) (Year) E
ma m'n	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
t it	Jule 16 1 1904	19236. to 0 5 , 1920,
ACE than	(Month) (Day) (Year)	that I last saw hour alive on 10 15 7,
80	7 AGE    If LESS than	and that death occurred on the date stated above, at
liec nsti	Myrs. 3 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
teri 199	B OCCUPATION  (a) Trade, profession or	audu O. C.
iy su	particular kind of work	automobile acuch it
pig nt.	(b) General nature of industry business, or establishment in	
are In	which employed or (employer) worth	(Duration) yrs mos ds,
ATH	9 BIRTHPLACE (State or country)	Secondary
id to	10 NAME OF NY OF	(Signed) B A a M. D.
OF OF	FATHER John Milligan	192 (Address)
S S S	OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
CAU	Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
te C	of MOTHER Victoria Craus	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ta	13 BIRTHPLACE	ients or Recent Residents) At place In the
d s	OF MOTHER (State or Country)	of deathmosds, Statemosds. Where was disease contracted,
oul	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
very item IANS shot tatement	(Informant) Howard Demunous	Former or the state of the stat
NS I	(Address) 1018 Beaution ave	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
CIA	Thursto May	Stytru fauld my cult 8, 1, 50
1	Filed Oct ? 1980 letara M Casluh	20 UNDERTAKER PAISEN ROLLA O MAI
ž	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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> "Traemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	STATE OF MARTLAND
County Co Co	CERTIFICATE OF DEATH
1 6 53	Registration Dist. No. 24
Village or City MMaDOLe (No.	St: Ward)  (If death occurred a hospital or instition, give its NAME stead of street a
2FULL NAME A TONG	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Market, Market, Market, Midowed. OR DIVORCED (Write the word)	16 DATE OF DEATH // 3 3 , 1923 . (Month) (Day) (Year)
6 DATE OF BIRTH  Lug 74, 1886	17 I HEREBY CERTIFY, That I attended the deceased fr
(Month) (Day) (Year) 7 AGE (If LESS that	that I last saw h MM alive on 11 2
If LESS that I day hrs. I day hrs. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	aprolex sey.
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,mos
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF	(Signed) (Duration) yrs. mos. M
11 BIRTHPLACE	-1/23 1920 (Address) / Durgosli 97
OF FATHER (State or country)  Undergraph	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir.
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the
(State or Country) Anknow	of deathyrsmosds,tateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?  Former or usual readence
(Informant) Nene // W/ nev )	19 PLACE OF BURIAL OFFREMOVAL DATE OF BURIAL
(Address) / 5// forcour of	Ularkin Jin h C Mrs. 25, 3
1511	Mashington N. O. Med. 25. 192

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Parmer or Planter, tion applies to e.ch and every person, irrespective ci work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJU.X American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE INLY, WITH UNFADING INK-THIS IS A PERMANENT CORD.  N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	7		MAR	MARGIN RESERVED FOR BINDING	LOK E	0210210	
N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	W	RITE	INLY, WITH UNI	FADING INKTHI	SISA	PERMANENT	CORD.
statement of OCCUPATION is very important. See instructions on back of certificate.	N. BEVORY	item of should	information should state CAUSE OF DI	be carefully supplie	od. ACE	should be state	d EXACTLY, PHYSI-
7	stater	nent of O	CCUPATION IS Very	important. See ins	tructions	on back of cer	tificate.
	15	14	PARENTS	8	7	3	V

PLACE OF DEATH	12147 STATE OF MARYLAND
County anne arundel	CERTIFICATE OF DEATH
	74a Registration Dist. No. A
Village or City Magolista (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH October 5, 1930  Cataban (Month) 3 (Day) 1930 (Year)
G DATE OF BIRTH  JEBRUOY, 1858  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192to
7 AGE    If LESS than   I day hrs.   72 yrs.   7 mos.   9 ds.   or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	apoplisy
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsde
9 BIRTHPLACE (State or country) Baltnework. Ind:	Contributory Secondary  (Duration)
10 NAME OF Benedect Sanders	(Signed) Bear L. Hallon D. M. H. Cat 37 1920 (Address) Surran Care M.
OF FATHER  (State or country)  12 MAIDEN NAME  2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Couldoyd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Morg law	At place of death yrs des des State yrs mos de State yrs yrs mos de State
(Informant) Q. Lloyd Mitchell	if not at place of death?  Former or usual residence 2812 W. Calvett St.
(Address) 2812 M. Calvert SL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cathedral Cerretury Oct 6, 1930
15 Filed I 9 18238 James Hurry	20 UNDERTAKER ADDRESS We to. Means & Son 5054 Colour Si
If more blanks are needed, address State Registres	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prayent duriner correspondence. All the data is essential must be obtained before the certificate is permanently fied.

KECETVED OCT 18 1480

WRITE

PLACE OF DEATH	0		05209	STATE OF	MARYLAND
County (MM) (1ru	medel (			CERTIFICATE	
X /			(2)	Registration	Dist. No. S
Village or City	(No.	26-0	J. 7. W.1	St.: Ward	(If death occurre a hospital or in- tion, give its NAM stead of street
2FULL NAME () (ell	X Joseph C	hela	y des Mo	ldere	number.)
PERSONAL AND STATISTI	CAL PARTICU	LARS	. MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ugle	16 DATE OF DEATH	Mary	(Day) (Yea
6 DATE OF BIRTH	/ . /	123		CERTIFY, That I at	ended the deceased
(Month)	(Day)	., 1 (Year)		192 to	
7 AGE	(Day)	If LESS than I day hra.	and that death occur. The CAUSE OF DEAT	red on the date stated	
yrsr	noads.	ormin.?	1/0	11/	
8 OCCUPATION (a) Trade, profession or			- Our	7 Perce	<u> </u>
particular kind of work	***************************************		=0=000000000000000000000000000000000000		hybes and a second of a second
business, or establishment in			400.0.000000000000000000000000000000000	(Duration)	yrs mos
which employed or (employer)			Contributory		
(State or country) Marey	laced		Secondary	Duration D	yrsmos
10 NAME OF SATHER	nolde.	8 -	(Signed)	(1) . (So	steploy,
II BIRTHPLACE			192	consing Donth	or in deaths from
Z (State or country) Far	myd	Med.	Violent Causes, st.	ate (1) Means of li or Homicidal.	njury and (2) Wheth
OF MOTHER	Wilson	,		SIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER	1	,	At place	In the	te. vrsmos
(State or Country)	regiona	1,	of deathyrsm	ented	
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLE	EDGE	if not at place of dea.	b?	······································
(Informant) levige	Milde	ce	usual residence	77/	DATE OF BURIA
(Address)	rmo	a. Med.	9 FLACE OF BURIA	Makel	0/12
15 Filed 7/2 1930	Dry 1	Registras	20 UNDERTAKER	ellt.	West live
if more banks are	needed, address b	tate Kegistra	, 16 W. Saratoga St., I	Balto., Requesting V.	S. No. 1.
					VU

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6. yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, eve. women at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, to report specifically the occupations of persons en-" etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Form laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. Womsingle word or term on Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE\_CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," Example: Measles (disease etc. The contributory valvular heart disease; Mcasles;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and number.) properly of certiff PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eq WIDOWED OR DIVORCED (Write the word) 17 6 DATE OF BIRTH sattended the Instruction (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at . I day hrs. min.? B OCCUPATION See (a) Trade, profession or particular kind of work pla (b) General nature of industry usiness, or establishment in 2 Importa which employed or (employer) E Contributory 9 BIRTHPLACE Secondary (State or country) Should I 10 NAME OF FATHER (Signod) (Address) 11 BIRTHPLACE S OF FATHER AUSE the Discase PARENT Causing Death, or, in deaths from TIOIT (State or country) Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME õ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transshould state ients or Recent Residents) 13 BIRTHPLACE At plece of death... In the OF MOTHER State... (State or Country Where was disease contracted, if not et place of dee.h? Every Item CIANS sho statement Former or usual residence W. Saratoga St., Batto, Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery, eman, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (relatives) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; "Atrophy," "Collapse," "Coma," Chronic valvular heart disease; etc. The contributory ," "Convulsions,

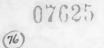
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	RD	lied. ACE should be stated EXACTLY, PHYSI-ns so that it may be properly classified. Exact
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vi	lage or City Crownsville (No. 2 Longo City Crownsville (No. 2 Long	tion, give its NAME in- stead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED.  Ale black Widowsced.  (Write the word)	16 DATE OF DEATH    July 24th
6	Unknown , 1 890?  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from December 19 192 9 to July 24th 192.70 that I last saw harmalive on July 24th 192.70,
7 .	If LESS than I day hrs. 40 yrs. unkmos.n ds. or min.?	and that death occurred on the date stated above, at 12,15Pm.  The CAUSE OF DEATH * was as follows:  General Paral ysis of the Insane
) H	a) Trade, profession or unknown b) General nature of industry ousiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland	(Duration) yranknomen ds.  Contributory Secondary  Manual des.
	10 NAME OF FATHER UNKNOWN	Signed). July 24 19230 (Address) Crownsyille, Md
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
PA	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death yrs. 7 mos. 15 ds.  Where was disease contracted,
14	(Informant) Hospital Records .  (Address) Crownsville, Maryland	Former or usual residence. Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL  11 Oubun Cant  7, 27, 1980
15	Filed 24 1923 Jangle C. France	Morlon has /4000 oshin

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed Physician, mer, (b) Cotton mill; (a) Sulesman. (b) Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, Laborer--Coul mine, etc. Womperson, irrespective of (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Whooping Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; nephrilis, etc. The contributory The n ture of the injury, Always qualify all

ż

PLACE OF DEATH	6132 STATE OF MARYLAND
County ( - U ,	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Friendship, Ind. (No.	Of death accounted in
2 FULL NAME Edward Doha	St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH  Len. 2 9 , 193 0  Month) 2 7 (Day) 175 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 30, 1927	that I hast saw h for alive on Lon. 19 , 1950,
(Month) (Day) (Year)	
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
yrs. 1/ mos. 30 ds. or min.?	Pheemma
8 OCCUPATION	
(a) Trade, profession or hore hore	
(b) General nature of industry	
business, or establishment in	(Duration)ds.
which employed or (employer)	Contributory allentis (tuberculous)
9 BIRTHPLACE (State or country) (State or country)	Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER Thomas hom-	(Signed) Grify C. Hammond - M. D.
II BIRTHPLACE	Jun 30 193 (Address) Sollian, nd.
Z (State or country) Ungina	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER afragia maynard	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  G. G. Co. Md.	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) ledegif Mond,	Former or usual residence
(Address) Treeds key Uld,	Trebutous 1 DATE OF BURIAL  Trebutous 1 19 19 19 19 19 19 19 19 19 19 19 19 1
Filed Bo 1500 KD Carlos	20 UNDERTAKES / Rece do Nexo
If more banks are negled, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Me

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loco Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to e.ch and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, first line will be sufficient, e.g., Farmer or Planter, sickin, Compositor, Archited, Locomotive engineer, For many occupations a single werd or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day -Coal minc, etc. Wom-But in many

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Simal meningitis"); Diphtheria (avoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "E:haustion," "Heart failure," "IIaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and eonsequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY "Weakness," etc., when a definite disease cough; ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

9		PHYSICIANS act statement of
MARGIN RESERVED FOR BINDING	WE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	im of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS tate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ATION is very important. See instructions on back of certificate.
MARGIN	WE PLAINLY, WITH	m of information should be ate CAUSE OF DEATH In I

1 PLACE OF DEATH	. 07626 STATE OF MARYLAND
County COC	CERTIFICATE OF DEATH
1 0	Registration Dist. No.
Village or City Brooklyn (No. Hamle 2 FULL NAME Glorge, W. In	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTURE OF DEATH
2 SEX 4 COLOR OR RACE 5 SHRGTE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF OEATH  (Mop/h)  (Day)  (Year)  17  1 HEREBY CEBTIFY, That I attended deceased from
6 OATE OF BIRTH  Oct. 14th, 1874  (Month) (Day) (Year)	that I last saw h wallve on the last saw h wal
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 6.55 m. The CAUSE OF DEATH # was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry	Clismi Proghb Assasl
which employed (or employer)	(Ouration) / yrs. mos. ds.
9 BIRTHPLACE (State or country) Bala Ind	Contributory Secondary (Burslieg) yrs mes de
10 NAME OF John H. Moore	(Signed) Whelth hallow
Un BIRTHPLACE OFFATHER (State or country)  State OFFATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental,
of MOTHER RANGE 13 BIRTHPLACE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country)  14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmesds. Stele,yrsmesds. Where was disease contracted,  If not at place of death?
Interment Elizabeth Grown	Former or usoal residence.
(Address) Hamlew Lane Brookly Da	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 12, 1930 Chas. D. Branke 1.	PONDERTAKER ADDRESS / 039

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiwrite Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany oecupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part At home. Carc should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pucunonia"); Lobar pneumonia, Bronchopneumonia ("Preumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations genital," and consequences (e. g., sepsis, tetanus) may he stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septieharmia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of ... head-homicide; Poisoned by cause. ctc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," "Senile," ctc.), "Convulsions," "Dropsy," carbolic acid-probably "Debility" ("Con-Never "Atrophy," "Exhaustion," ACCIDENTAL, report incre important nound.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	OF DEATH	05210	STATE OF MARYLAND
County 4	me arundel.		CERTIFICATE OF DEATH
/		740	Registration Dist. No. //
Village or City	, IPound Bay - (No.		St: Ward) (If death occurred
2FU	LL NAME Ida Sheppard.	Moon.	tion, give its NAME stead of street number.)
PERSOI	NAL AND STATISTICAL PARTICULARS		AL CERTIFICATE OF DEATH
Fernals	4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	May 3
6 DATE OF BIR	Man. 3_ , 1856 (Month) (Day) (Year)	17 A I HEREBY	CERTIFY, That I attended the deceased for 1929 to May 30 , 192
7 AGE	73 yrs. 6 mos. ds. or min.?	. The CAUSE OF DEAT	A STATE OF THE RESERVE OF THE PARTY OF THE P
(a) Trade, pr particular kin	ofession or	/ Jemou	lage in the Brain.
business, or e	stablishment in ed or (employer)		(Duration) yrs mos 6
9 BIRTHPLACE (State or co	n × 1.	Contributory Secondary	shru deleroson
10 NAME C		(Signed)	J. Bellagolea N
11 BIRTHPL		124//	(Address) The Burne M
OF FATH		*State the D Violent Causes, st Accidental, Suicidal	risease Causing Death, or, in deaths from thate (1) Means of Injury and (2) Whether
TALL B	NAME ( Man +		SIDENCE (For Hospitals, Institutions, Tr
Y OF MOTH	HER anna Mary Mentz.		
12 MAIDEN OF MOTE 13 BIRTHPI OF MOTE	ACE O A	At place of deathyrsn	In the nosds. Stateyrsmos
12 MAIDEN OF MOTE 13 BIRTHPI OF MOTE	ACE IER Country). Ballimer, Med.	ients or Recent Re At place of death yrs	In the state yrsmos
12 MAIDEN OF MOTE 13 BIRTHPI OF MOTE (State of	Country).  IS TRUE TO THE BEST OF MY KNOWLEDGE  MAN GAMES Show	ients or Recent Re At place of death	In the nos. State yrs mos h
12 MAIDEN OF MOTE 13 BIRTHPI OF MOTE (State or	MER Ballime, Mar. Country).  IS TRUE TO THE BEST OF MY KNOWLEDGE  Mus. ama Shaw  Towa Bay, Md	ients or Recent Re At place of death yrs	In the nos. State yrs mos h

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman. sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (3) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Fxamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, Whoaping cough; Chronic Chronic interstitial nophritis, ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) affection need not be Committee Chronic valvular heart disease, on Nomenclature of the etc. The contributory

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the .	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificated statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH	14620 STATE OF CERTIFICATE	
	County Anne Arundel	Tark the same of t	Dist. No. 2I
Vil	lage or CityCurtis Crook (No	St.:Ward	(If heath around im
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
/	ale white single, MARRIED, WIDOWED. OR DIVORCED MARRIED (Write the word)	16 DATE OF DEATH December (Month)	
5 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
	October , 1 868 (Month) (Day) (Year)	that I last saw halive on	
8 (	If LESS than day hrs.  62 yrs. 2 mos. ds. or min.?  OCCUPATION  a) Trade, profession or articular kind of work laborer	and that death occurred on the date state. The CAUSE OF DEATH * was as follows: Coronary thrombosis	
P ()	o) General nature of industry usiness, or establishment in which employed or (employer) in a shipyard	Contributory Secondary	
	(State or country) Md s	(Durstion)	yısmosds.
	10 NAME OF FATHER Wm. T. Moon	(Signed) 2. a. & L	e.f. M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the Disease Causing Death, Violent Causes, state (1) Means of I. Accidental, Suicidal or Homicidal.	
ARE	12 MAIDEN NAME OF MOTHER ## ##	18 LENGTH OF RESIDENCE (For Hospi	
	13 BIRTHPLACE OF MOTHER 11 (State or Country)	W/L disease contracted	teds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	, , , , , , , , , , , , , , , , , , ,
	(Informant) Mrs. May E. Moon	usual residence	DATE OF BURIAL
	(Address) P.O. Solley, Md.	19 PLACE OF BURIAL OR REMOVAL  Cedar Hill Cemetery	12-30 , 19-30
15		DO UNDERTAKER	ADDRESS
	Filed /2-27 1900 Z. a. Bleit Registrar	Schloman	Baltimore. W

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.

1 <sub>PLAC</sub>						
County	A	nne	A	rui	nde	1

03936 STATE OF MARYLAND ICATE OF DEATH

Registration Dist. No.

17170	UU	1 3				• .	
			CI	ΞF	3.	T	F

pital	St.:	Ward)	tion, give i	occurred in or institu- ts NAME ir- street and
MEDICA	L CERTIFI	CATE O	F DEATH	
16 DATE OF DEATH Apri	18th			192.30
	CERTIFY, TH	at I atte	nded the de	
April 9th that I last saw him		_		
and that death occurr The CAUSE OF DEAT Exhaustion	H * was as fo	llows:	400	
Secondary (Signed)	(Durstie	Prae	naky6w	tatonio
*State the Die Violent Causes, sta Accidental, Suicidal o	(Address) Classes Causing te (1) Mean r Homicidal.			
18 LENGTH OF RES		Hospits	ls, Institut	ions, Trans-
At place of deathyrsme	9 ds.	In the State	unkno	own de.
Where was disesse contra if not at place of death	scted,	-		***************************************
Former or Balt	imore (	City,	Maryl	and
19 PLACE OF BURIAL	OR REMOVA	3	DATE OF	BURIAL 19
20 UNDERTAKER	ulerole	Sign	ADDRESS - Wal	stary

(77) Grownsville State Hos Village or City Frank Moore <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, married WIDOWED.
OR DIVORCED
(Write the word) black male 6 DATE OF BIRTH 882 unknown (Month) (Day) (Yesr) If LESS than 7 AGE I day hrs. vrsunknown. ds. or min.? OCCUPATION (a) Trade, profession or Cement finisher particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mississippi 10 NAME OF Unknown FATHER 11 BIRTHPLACE ENTS OF FATHER (State or country) unknown 12 MAIDEN NAME AR OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Unknown (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant) Crownsville. Maryland (Address) 15 Filed

Registrar

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., (a) Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "Exhaustion, 10 ds. Never report mere symptoms or terminal condi-Whooping (Recommendations on statement of cause of death interstitial nephritis, cough; "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic etc. valvular heart disease; The contributory

V. S. No. 1

PLACE OF DEATH County Imre Churchel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Femdala (No	St.: Ward)  (If death, occurred in a hospital or institu- tion, give its NAME is stead of street and runner.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.  Male Colored OR DIVORCED Stuffe  6 DATE OF BIRTH  MES 3 14  1930	(Month) (Day) (Year) (Year) (Month) (Day) (Year) (Y
7 AGE  (Month) (Day) (Year)  7 AGE    If LESS than   Aut   I day hrs.	
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in further transfer of the content	Still from surfaces.  (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) (III Complete Country)	Contributory Secondary  (Duration)
10 NAME OF Affect Munio	(Signed) 1920. (Address) Les Bessent
OF FATHER (State or country) all Co Ind.	*State the Disease Cacking Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mancas Hall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country).	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
(Address) Handale	Apurnace Branch Tiel 3, 19.3.
15 Filed 2/4 1836 May 1840 95	Olfred movies Heandal
if more banks are needed, addre.s Ltate Registra	ar, 16 W. Saratoga St., Balto., Requesting, V. S. No. 1. Que

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. (b) sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-," etc., Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Doy Stotionary fireman, etc. But in many Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Meosles (disease

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PLACE OF DEATH	08915 STATE OF MARYLAND
County a. W.	CERTIFICATE OF DEATH
/	Registration Dist. No. 24
Village or City (Anapolis (No 20)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and
POL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, ON DIVORCED (Write the word)	16 DATE OF DEATH 019 19 19 19 19 19 19 19 19 19 19 19 19 1
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
april 3 1898	June 1980, to ang. 16, 1980
(Month) (Day) (Year)	that I last saw h malive on aug. 16, 1920
7 AGE  3 2 yrs. 4 mos. 3 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION	The state of the s
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) vrs. mos. ds.
9 BIRTHPLACE (State or country) Combudge on	Secondary (Duration) yrs 3 mos ds
10 NAME OF FATHER Henry Mosla	(Signed) 7: Willia Martin M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Harriet Laure	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Easlore on S	At place In the of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lillian Tilghman	Former or usual residence
(Address) Gran yoli on	Brewer Hell aug 19, 19
15 Fileding 18 1930 france france The	B L Hoffing ampales
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Bequesting V. S. No. I.

V. S. No. 1

N.B.

(Approved by U. S. Census and American Public Health Association.)

work, laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, perionaeum, etc. Corrinama Sancara "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature of the Chronic volvular heart discose; nephritis, etc. The contributory Always qualify all

PLACE OF DEATH	(18916) STATE OF MARTLAND
County a. a.	CERTIFICATE OF DEATH
County	Registration Dist. No.
D . 16	
Village or City Tan Haven (No.	St.: Ward) If death occur a hospital or l
0 10 5 1.4	lon, give its NAI
FULL NAME Joseph & Mu	Ulu aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   1 COLOR OR RACE   5 SINGLE	IS DATE OF DEATH
MARRIED, WIDOWED	(Mouth) (Day)
(Write the word)	17 I HEREBY CERTIFY, That I attended the decease
6 DATE OF BIRTH	(1) 1970 to 8 22
(a) 7(9) 02	9 that I last saw h colive on y
(Month) (Day) (Year	
7 AGE	an i
/ / / / l dayh	The CAUSE OF DEATH & was as follows:
yrs,mos.(ds.lor mir	n.? Perlusis
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsmos(
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
rag	Puemping (Duration)yrsmos
FATHER OF 1 1 1 10	(Signed) July Wall
9 11 DYDENIN ACE	- ay 13 1980 (Address). Quingl
OF FATHER	*State the Disease Causing Death, or, in deaths to Violent Causes, state (1) Means of Injury; and (2) who Accidental, Suicidal or Homicidal.
(State or country)	
of MOTHER Many Wallace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
I3 BIRTHPLACE	ients, or Recent Residents) At place In the
OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Beleart H mulle	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURI
(Address) Mutwell	- 1 (111a23)
15 662Ad 2 200 PM +	20 UNDERTAKER ADDRESS
Filed My 29 1920 1. T. Claylor	M 711 1 2 1.
Nip beef Registrar	Nobel Wood Triendshy
more blanks are needed, address State Regist	trar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

#### 08916 STATE OF MARYLAND CERTIFICATE OF DEATH

9	Registration Dist. No.
l	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1	MEDICAL SERTIFICATE OF DEATH
	16 DATE OF DEATH
	(Mouth) (Day) (Year)
	IT I HEREBY CERTIFY, That I attended the deceased from
	(1) 1970, to Sy 22 , 1922.
	. 0 2
j	
	and that death occurred on the date stated above, at 11.30 P.m.
	The CAUSE OF DEATH & was as follows:
	ferluss
	(Duration) yrs. mos da,
	Contributory
	Secondary
	Preming (Duration) , yrs mos da
	(Signed) Bugh Walf M.D.
	a 13 980 (Address). Orming Mc.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	ients, er Recent Residents)
1	At place of death yrs mos da. State, yrs mos da.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
1	Triendoluse My 20130
	20 UNDERTAKER ADDRESS
	Robert Wood Friendship
-	

No 802

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emr hatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a)

statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Poisoned by carbolic acid-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal perijonitis," discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Mcastes; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Twoerculosis of lungs, menof "contributory." FOR VIOLENT DEATHS STATE MILLIES OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes -probably suicide. The na-"Anaemia" (second-(disease (merely etc.

CORD

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N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Owne Grundel	© CERTIFICATE OF DEATH
4-11	Registration Dist, No.
Village or City an Auren (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR BACE   5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nec +1, 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   1 dayhrs.	
yrsmosds. ormin.?	1111111
(a) Trade, profession or	Dull Vou,
particular kind of work	
business, or establishment in // which employed or (employer)	(Durstion)yrsds.
BIRTHPLACE (State or country) Mary land.	Contributory Secondary
10 NAME OF STATE METERS MILES	Duration / we mee de
July Carette	(Signed) M.D.
Z (State or country) / Mary (Utle)	(Signed) 192 (Address) Aff Did Life
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Quality  12 MAIDEN NAME OF MOTHER  Quality  13 MAIDEN NAME OF MOTHER	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Wary (Medical)	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.  Where was disease contracted
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MATHEMATICAL COUNTRY)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence

ald.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions,

V. S. No. 1

N. B.

WRITE KINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
INKTHI	lly supplie lain termit. See ins
INFADING	ld be careful DEATH in p
WITH L	Ion shou
MINLY,	Informat state C
WRITE	Every Item of CIANS should statement of C

PLACE OF DEATH	02564 STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
	78 Registration Dist. No. 21
Village or City Crownsvil(Na State Hosp  2FULL NAME Agnes Murdock	ital St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black single, widowed wildowed wildowed.  OR DIVORCED (Write the word)	March 31 st, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Unknown . 1879	January 4th 192 9. to March 31st, 1930.
(Month) (Day) (Year)	that I last saw h er alive on March 31st , 1920,
7 AGE If LESS than I day hrs. 51 ? yrs. unknown ds. or min.?	and that death occurred on the date stated above, at 1:45P. m.  The CAUSE OF DEATH * was as follows:  Status Epilepticus
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Samuel Hall  11 BIRTHPLACE OF FATHER	Contributory Epilepsy Secondary  (Dutation)  yrs. mos. ds.  (Sign d)  Mar. 31 192 30Address) Crownsyille Md.
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Heat	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country)  Maryland	At place 1 2 27 ds. In the Lifetime ds.
(Informant) Hospital Records	Where was disease contracted, if not at place of death?  Former or Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Crownsville, Maryland	Mount aubreron april 3, 1030
15 File Ceffiel / 1923 & Fry G. C. From the	Loseph andwely 409n. mount st
If more blanks are needed, addre.s State Registrat,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Saltimer City maryland

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory. carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic The nature of the injury, etc. The contributory valvular heart disease;

V. S. No. 1

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 22 -
Of death property is
St.: Ward) a hospital or institution, give its NAME is stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH 3 0 , 1820 (Month) (Day) (Year)
(Month) (Day) (Year)
10/30 1920. to 0/30 , 150
that I last saw hans alive on 0/30 , 1926
and that death occurred on the date stated above, at 4 mm
The CAUSE OF DEATH * was as follows:
arlenoschrosis
(Did suddendy) (Duration) yes mos 12 May
Contributory Aggraduiston
(Duration) Syrs mos ds
(Signed) M. D.
#State the Disease Causing Double on in deaths from
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the State yrs mos ds. State yrs mos ds
Where was disease contracted,
if not at place of dea.h?
usual residence
Hashington HC. ON 31.13
L'ond haiser Laurellud
r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart etc. The contributory disease;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it should be used only when needed. As examples: (0) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekoepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many worked on may form part of the second statement. nner, (b) Cotton mill; (a) Solesmon, (b) Grocery;
Poreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

PLACE OF DEATH	03937 STATE OF MARYLAND	
County U-U-	CERTIFICATE OF DEATH	
0 10 74 6	Registration Dist. No. 24	
Village or City (Mn afotio (No. 17	St.: Ward) (If death occurred in a hospital or institu-	
2FULL NAME Margret Chin	tion, give its NAME is stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2/15, 1980  (Month) (Day) (Year)	
8 DATE OF BIRTH MRNown	17 I HEREBY CERTIFY, That I attended the deceased from 4-9-30 192 to 4-2/-, 130	
(Month) (Day) (Year)	that I last saw helf alive on 4-20-30, 192	
7 AGE   If LESS than	and that death occurred on the date stated above, at A m.	
about 89 yrs mos. de. or min.	The CAUSE OF DEATH * was as follows:	
s occupation (a) Trade, profession or Mide Wife particular kind of work	O. for the best of	
(b) General nature of industry	Musicelliver	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.	
9 BIRTHPLACE (State or country) WEN River Md	Contributory Secondary	
10 NAME OF SATE ASSET T	(Signed) Coff Halpuly M. D.	
11 BIRTHPLACE	4m21- 30 (Address) Q5 Calsky 4	
OF FATHER (State or country) WEST RWW Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)  MRNOW  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
(Informant) Mrs Mary Diggs	Former or usual residence	
(Address) 74 Earl ST	Tranklin Ceml. 4, 23, 1930	
15 Filed Phil 21 1923 D Jray 6 C. Joges Jen	EO. H. B. 1 arker 47 Washington	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		
	or malony	

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart etc. The contributory affection need Nomenclature of the not disease;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH County Comma Crundel	03938 STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist, No.
Village or Exern dale (No. First ) 2FULL NAME Ellen & Mye	Ave St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE SINGLE, MARRIED FLOW WIDOWS OR DIVORCED (Write the word)	16 DATE OF DEATH Ofril 13, 1930 (Month) (Day) (Year)
8 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h Lalive on Will 2 , 1920,
7 AGE 66 yrs. 4 mos. 5 ds. or min.?	and that death occurred on the date stated above, at 3 74 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or your particular kind of work for industry	Myscardeli-
business, or establishment in which employed or (employer) at home  9 BIRTHPLACE (State or country) fleubrernie Ind	Contributory fr. Jak. Jakes Maria de.  Contributory Secondary (Duration) yrs. mos. de.
10 NAME OF FATHER Thomas Wade	(Signed) John Felly Recoler M. D. #1/3/30 192 (Address) Class Burne E
(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAMES OF MOTHER Elizabeth Hallings 13 BIRTHPLACE OF MOTHER (State or Country) Waryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informatife Phellip H. Myers  (Address Willersville md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Char Hell April 161930
Filed 4/14 19230 Mary France Registrar	John F Denny 715 Light St
If more blanks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification in laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on For persons who have no occupation Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY intercurrent) affection need Chronic valvular heart etc. Nomenclature of the The contributory disease; not be

V. S. No. 1

1PLACE OF DEATH	07627 STATE
County A.A.	GERTIFIC
Village or CityAnnapolis (No. 81 Market  2FULL NAME George Albert My	Regis 2 St.: 2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
3 SEX 4 COLOR OR RACE MARRIED, Married Widowed.  Male White OR DIVORCED (Write the word)	16 DATE OF DEATH  Ful  (Mon
November 9 , 189/	17 I HEREBY CERTIFY, The 1920 to that last saw has alive on
7 AGE  Of yrs. mos. ds. or min.	The CAUSE OF DEATH * was as fol
(a) Trade, profession or particular kind of work Sect. Treas. Of The  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  A.A.CO.Md.	Contributory Ac. Flor
10 NAME OF FATHER Henry B. Myers  11 BIRTHPLACE OF FATHER (State or country) A.A.Co.Md.	(Signed) J. Willis (Address) Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Elizebeth Henkel  13 BIRTHPLACE OF MOTHER (State or Country)  Jersey City N.J.	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death
(Informant) Walter H. Myers	Where was disease contracted, if not at place of des.h?
(Address) Annapolis Md.	Cedar Bluff Cemt.
Filed 13 1923 Jay Ge. Registrar	John M. Taylor

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

ADDRESS

Annapolis Md

ers vary	a hospital or institu- tion, give its NAME ir- stead of etreet and number.)
MEDICAL CERTIFICATE O	F DEATH
18 DATE OF DEATH July	10, 1980
(Monvh)	(Day) (Year)
17 A HEREBY CERTIFY, That I atte	nded the deceased from
that last saw hast alive on Tu	ly 10, 1930,
and that death occurred on the date stated	above, at 5 Pm.
The CAUSE OF DEATH * was as follows:	embasis
7	\$4+1 cccccocce_magneroccccoccoccccccccc
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Contributory Oc. Homero	yo Mobiles
(Signed) J. Willis M. (Address) Quille	artin M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from dry and (2) Whether
18 LENGTH OF RESIDENCE (For Hospite ients or Recent Residents)	als, Institutions, Trans-
At place of deathyrsmosds. In the State	yrsmosds,
Where was disease contracted, if not at place of des.h?	
Former or usual readence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Civil engineer, Physician, uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 DIRTHPLACE

OF MOTHER

14 THE ABOVE IS TRUE TO

(State or country

PARENTS

15

d state CAUSI

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Every Item

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statement of

of Information

PLACE OF DEATH		STATE OF MARYLAND
County anne arenael.		CERTIFICATE OF DEATH
2 . 6 .	194	Registration Dist. No. 23
Tout Pleasant I		C. W. W. (16 do-at-

2FULL NAME Stanley Manyal	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Poles. Single, MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  July 28, 1982  (Month)—(Day)—(Year)
May 8 , 1883 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased fro
7 AGE  47 yrs. 2 mos. 20 ds or min.?	The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) I rade, profession or particular kind of work  Aughan	Heat Prostration
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mass
	Contributory

Lithuania. Manyalis. Tithuania. 9 BIRTHPLACE Secondary (State or country) (Duration)

the Dis'ase Causing l'eath, or, in state (1) Means of Injury and deaths from (2) whether Violent Caus s, Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)

In the State .... \_\_\_\_yrs......ds.

Where was disease contracted, if not at place of death?.....

Former or

usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURLAL

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga Lt., Balto., Requesting V. S. No. 1.

S. No.

(Approved by U.S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (fractry; (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: " additional line is provided for the latter statement; it fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c g. . Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Civil engineer. tion applies to each and every person, irrespective of enoution is very important, so that the relative health Statement of Occupation-Precise statement of oc-Never return 'Laborer,""Foreman," "Nanager," "Deal-Physician, Compositor. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationery freman, et. But in many Architect, Locomoline engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal fever" (the only definite synonym is "Epidemia cerebrospinal menia, itis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia".

Lobar pneumonia Bronchopmenmonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sersis, telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICITA., taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," cte. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenelature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poiso.ed by unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, etc. "Heart failure," "Iaemorrhage, valeular The contributory heart discuse;

If this certificate is looked over thoroughly and all quartions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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PLACE OF DEATH	02565 STATE OF MARYLAND
County Claud Charles	CERTIFICATE OF DEATH
9	Registration Dist. No.
Village or City Valerrelle (No.	St.: Ward (If death occurred in a hospital or institu-
2FULL NAME Musearrage	af Tuorethes and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mar 1 , 1930	, 192, 192,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE  If LESS than I day hrs. or min.?	The LAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	
Sparticular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Checles White	(Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address)
11 BIRTHPLACE OF FATHER (Stato or country) Warglace of	*State the I is ase Causing Death, or, in that's I'm Violent Causes, state (1) Means of Injury and (2) Without Accidental, Suicidal or Homicidal.
of MOTHER Jourse Meace	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  10 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
(Informant) Mollie Helson	Former or usual residence
(Address) Talca ) ellips	PLACE OF BURIAL OR REMOVAL DATE OF BURING
15 Filed Kar 7 1030 MO Clay to	heder Whete Valorille.
If more banks are needed, address trath Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	ma,

02565

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs): work, or At Home, and children, not gainfully emer," etc., William Laborer, Laborerbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only Never return "Laborer," "Foreman," "Manager," "Deal-Physician, worked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (not paid Housekeepers who receive a -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISTERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic valvular heart etc. The contributory affection need not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	07629 STATE OF MARYLAND
County a.a. Co.	CERTIFICATE OF DEATH
have a	Registration Dist, No.
Village (og City Manapoles (No	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Windell Cus	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 8 1930 (Month) 8 (Day) 1930 (Year)
8 DATE OF BIRTH  May (6 , 187)  (Month) (Day)	17 I HEREBY CERTIFY, That I attended the declared from  March 1930 to 130, 130  that I last saw h Malive on 1800, 130, 130
7 AGE [IKLESS than	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
60 yrs. / mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or marine Officer particular kind of work Marine	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Ayburluuy - artisia
9 BIRTHPLACE (State or country)	Secondary (Duration yra, mos, de
10 NAME OF Willis Neville	(Signed) Lew March Mark Mark . M. D.
11 BIRTHPLACE OF FATHER (State or country) John Manual Va	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Cushing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) ovell maso,	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) 1880 USA, Kr. US. Naury	usual residence
(Address Warm Barnack Warlington DC	Hos king Ton De Date of Burial
Filed Jol 10 1923 of say ( Q ) The steam	Try G Garrles Sons. Habery ten
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on telanus) may he stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Erhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

			-
enter	Anne	Arun	del

06416

STATE OF MARYLAND CERTIFICATE OF DEATH

	(3	Registration	Dist. No. 21
Village or City Crownsvi (Noe S		oital St.: War	tion, give its NAME in- stead of street and
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE MARRIEDS 1 MARRIEDS 1 WIDOWED. OR DIVORCE (Write the wor	ED	16 DATE OF DEATH June 24th (Month)	
6 DATE OF BIRTH  Unknown  (Month) (Day)	1 9001	17 I HEREBY CERTIFY, That I a	ttended the deceased from June-24, 19230
7 AGE 24 yrs. umes.own	I day hrs.	and that death occurred on the date stat The CAUSE OF DEATH * was as follows: Status Epilepticus	
(a) Trade, profession or particular kind of work	ъ	(Duration)	tuberculosis
10 NAME OF Benjamin Nicholson 11 BIRTHPLACE	on	(Signed) [4] [5] [5] [5] [5] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6	MINOUZM.D.
OF FATHER Unknown (State or country)		*State the Disease Causing Deat Violent Causes, state (1) Meaas of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
of Mother Cecilia ?		18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Unknown		Where was disease contracted	he Livise timeds.
HOSpital Records	LEDGE	Former or usual residence	144
(Informant)  (Address) Crownsville, Man		19 BLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed June 24 100 Joy 6 C.	Registrar	20 VINDERTAKER HOLLINGER	I Beddle

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Namager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e.g., Farmer or Planter, Foreman, 6 yrs). For persons who have no occupation 10 For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day 6 Automobile Laborerfactory. The material -Coal mine, etc. not gainfully ent-(%) Grocery,

Statement of Cause of Death—Name, first, the discretized causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Conna," "Convulsions, peritonucum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephrilis, by cough; or intercurrent) affection need not be Committee on Chronic valvular heart disease; etc. The contributory Nomenclature "Haemorrhage, Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE INLY, WITH UNFADING	Every item of information should be careficians should state CAUSE OF DEATH in statement of OCCUPATION is very importan
WRITE	Every item of ir CIANS should statement of OC

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-St.: Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) that I last saw h alive on 192...... 192...... If LESS than 7 AGE and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: or b min.? mos. 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) vrs. mos. which employed or (employer) impor Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed). FATHER 2...19230 (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from lent Causes, state (1) Means of Injury and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-A OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. (a) Foreman, first line will be sufficient, e. g., Farmer or Planter, or At For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, cer, Stationary freman, etc. But in many Home, and children, (b) For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senilc," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopncumonia (secondary), etc. The valvular heart disease; Always qualify all contributory not be

"If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH
County	Anr	e Arundel



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

Vil			illanState Hospi George Nickum	St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
7	PERSONAL AN	ND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		OR OR RACE	5 SINGLE, MATTI CO MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  August 20th , 19230  (Month) (Day) (Year)
6 t	DATE OF BIRTH	unkn (Month)	, <i>L</i>	Feb. 20th 19230 to August 20 19230, that I last saw h 1m alive on August 20 19230,
7 4	53	yrs. unki		The CAUSE OF DEATH * was as follows:
) P ( b v	a) Trade, profession articular kind of wo b) General nature of usiness, or establish which employed or (e)	industry ment in	aborer	(Duration) unknown mos de.
9 8	(State or country)  10 NAME OF		ryland	Secondary  Unknown de.  (Signed)  M. D.
RENTS	FATHER  11 BIRTHPLACE  OF FATHER  (State or country	Unl	orge Bedford known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	12 MAIDEN NAME OF MOTHER	Maj	ry Nichols	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country	)	nkno wn	At place of death yrs. 6 mos. ds. In the State Type for the death where was disease contracted,
14	(Informant)	Hospita	Records	Former or usual residence Baltimore City Maryland  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
15	File Aug 20	19230	Registrar	20 IN DERTAKER ADDRESS ADDRESS HOLES
=	If m	ore bianks are	needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Labort, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is necestion applies to each and every Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Luborerperson, irrespective of Coal mine, etc. not gainfully em-But in many 3) Grocery

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. "Inanition," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Whooping American Medical Association.) Recommendations on statement of cause of ctanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondar, or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by cough; "Marasmus," "Old Age," "Shock," Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Always qualify all

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

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V )

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(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

2 FULL NAME Tryamed chies of Maior F. Muturel

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Single OR DIVORCED (Write the word)	16 DATE OF DEATH 2 (Month) (Day) (Year)
DATE OF BIRTH  (Month)  (Day)  (Year)	that I lest saw h are alive on July 2 4 1923 6
AGE [If LESS than	and that death occured on the date stated above, at
yrs mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
BIRTHPLACE (State or country) Maulank	Contributery Secondary  (Duration) yrs. snos, ds
10 NAME OF FATHER M. J. Mulwell  11 BIRTHPLACE OF FATHER (State or country) Ullwey Country	(Signed)
of MOTHER Carry Shervert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE. OF MOTHER (State or country) Mary Caced	At place of death yrs
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Address) Neale Med	Jarre of Lee Sheetert 7/25, 130
Filed 1/24 1930 M. Clay to	20 UNDERTAKER - ADDRESS  20 LINE NEW MINES

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING FOR WITH UNFADING INK---THIS MARGIN RESERVED

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f. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: 'c) fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Doaladditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. " etc., For many occupations a single word or term on or At Home, and children, not gainfully emins). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomolive engineer, (b) persons en-The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Typhoid fener (never report "Typhoid Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mentelunus) may be stated under the head of "contributory. curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., Repurs, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic valuular heart discuse; Carcinoma, Sarcoma, etc., of etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Vil	llage or City	Jess	up. Md	• (No.	Md	l. House
1	2FUI	LL NAME	Tho	mas 0	Con	mer.(7
	PERSON	NAL AND	STATISTI	CAL PAR	TICU	LARS
3 5	Male	4 COLOR	or race	SINGLE, MARRIE WIDOWI OR DIVO (Write th	DRCED	dowed.
6 t	DATE OF BIR	тн	1	1		
			lu	nec		. 1.
			(Month)	(D	ay)	(Year)
7 A	GE					If LESS than
	69	yrs	s1	nos.	ds.	or min.?
(1	b) General na	ature of in-	Shipp			
(I	b) General na usiness, or es which employe	ofession or d of work, ature of inc	dustry	M Ste	ams	ship Co.
(I	b) General na	ofession or d of work, ature of in- stablishmen ed or (empl	dustry	M Ste	ams	
(I	b) General na usiness, or es which employed	ofession or d of work, ature of in- stablishmen ed or (empl	dustry	M Ste	ams	
STN STN	b) General na usiness, or et which employs BIRTHPLAGE (State or cou- 10 NAME O FATHER 11 BIRTHPL OF FATH	ofession or d of work_ ature of in- stablishmen ed or (empl untry)	dustry		ams	
ARENTS 6	b) General na usiness, or et which employs BIRTHPLAGE (State or cou- 10 NAME O FATHER 11 BIRTHPL OF FATH	ofession or d of work, ature of in- stablishmen ed or (empl intry)  F  ACE ER country)  NAME	dustry	M Ste	ams	
RENTS 6	b) General naviness, or exhich employed in the property of the	ofession or d of work, ature of in- stablishmen ed or (empl intry)  F  ACE  ER  country)  NAME  IER  ACE	dustry	M Ste	ams	

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08918	STATE OF MARYLAND	)
	CERTIFICATE OF DEAT	H
90)	Parisamatian Disa No.	1

Registration Dist. No.

Corrections: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
MEDICAL CERTIFICATE OF DEATH
Jessup, Md. Aug. 28-30, 192
August (Month) 28 (Day) 1930 ear)
17 I HEREBY CERTIFY, That I attended the deceased from
August 7-1950 August 28-1930
that I last sawhim alive on Aug. 27-1930 , 192
and that death occurred on the date stated above, at 2:15 AM
The CAUSE OF DEATH, * was as follows:
arteriogelerosis, acyle,
Disuchitis, acute alcoholism
Chronic Myocarditis
(Duration) yrs. 7 mos. 13 de
Contributory Ceute dilatation of thears.
Duration of yrs
(Signed) AN / 12 Sewald M. D.
Aug. 28-302 (Address) Jessup. Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
At place 22 days nos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death.
Former or usual residence 718 Appleton St., Balto. Md.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Louden Jark (lug 80"; 1985
20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1. Balls, his

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient a graph of Planter. laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, Cavil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, or At Home, yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The insterial without more precise specification as Day For persons, who have no occupation and children, Luborer-Coul mine, etc. Womnot gainfully emengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meusles (disease causing death), 29 ds.; Bronchopneumonia (secondary), taken. FOR YIOLENT DEATHS state MEANS OF INJURY "Inanition," "Marasmus, VIII 485, "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomaccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, men-American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage "Heart failure," "Haemorrhage," Chronic valrular heart discase etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County U- 4	90 08919 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Manapole (No. 24)  2 PULL NAME Willean	St: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH 8 9 , 1923 0 (Month) (Day) (Year)
	(Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 7-/2-30 192 to 8 9 30,192 that I last saw hard slive on 8 9 30, 192,
	7 AGE   If LESS than   I dayhrs.   ds.   ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	Costic Insufficiency
2	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vis. mos. 2.8 ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos ds,
	10 NAME OF FATHER Clurary Her	(Signed) & AT Malone M. D. 8/11/30192 (Address) & Calcoff Current
	OF FATHER (State or country)  U  (Co.)	*State the Usease Causing Death, nr, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hamicidal.
	OF MOTHER  13 BIRTHPLACE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
	OF MOTHER (State or Country) Infonding	At place of deathyrsmosds. In the Stateyrsmosds.
	(Informant)	if not at place of des h?
	(Address) 24 Johnson	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  Of the function and lung 12 19 30
	Filding 12 19230 Jon Cof or The	Charle Jack A. Bunapollo
-	If more blanks are needed, addre.s Ltate Kegistrar	, 13 W. Saratoga Et., Balto., figuesting V. S. to. 1.



(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st\_ted unless important. use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troin-(secondary or intercurrent) affection need Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory volvular heart Nomenclature diseose; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County June Truedel	CERTIFICATE OF DEATH
M. 2.3 m	Registration Dist. No. 21
Village or City Mellinolle (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME ESEVART C	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, White Single, wipowen.  Male White Single, Married, Wipowen.  OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
feely 13 1927	
Month) (Day) (Year)	that 1 last saw halive on, 192,
7 AGE IfLESS than I day	and that death occurred on the date stated above, at
yrsmosds. ormin.?	
a occupation (a) Trade, profession or	automobile accedent
particular kind of work	on general's deglinary
(b) General nature of industry business, or establishment in	1 mile From Cram Hoghun
which employed or (employer)	Contributory Willersville
9 BIRTHPLACE (State or country) Bales had,	Secondary Durathry 2 mos. mos. ds.
10 NAME OF D C CO C	(Signed) Thu Mola fr. M. D.
FATHER TWO. C. Ugden	May 26/ 1930 (Address) factoriles Mg
OF FATHER  State or country of the C	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cady Filelcher	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Color Made	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
$(1) \Omega \Omega$	Former or usual esidence
(Informatit) (Address ) (Address ) (Address ) (Address )	Wem Cross Prado May 28, 30
15 Filed 5/2 7, 1920 BB	R. J. William Am Walninghed
If more blanks are needed, addre tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDIO

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. gcd in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. accident; Revolver wound of head-homicide; Poisoned by "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tolanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart Example: Measles (disease etc. The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	17630 STATE OF MARYLAND
County A	CERTIFICATE OF DEATH
Country	(90)
	Registration Dist. No.
Village or City Annapolis (No Omergen	cu Hoshila St. Ward (If death occurred in
The state of the s	Ward) a hospital or institution, give its NAME is
07 07	stead of street and
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED.	1030
Malo Coled (Write the word)	
	(Month) (Day) (Year)
6 DATE OF BIRTH	
Cer 10 18/3	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 2115 m.
fl Q 3 day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	f. A. f.
8 OCCUPATION	Autedata line
(a) Trade, profession or Cothing Chesses	\$1 4 10°
(b) General nature of industry	14 and distlist
business, or establishment in	(Duration) yrs, mos ds,
which employed or (employer)	
9 BIRTHPLACE	Contributory
(State or country) Annie Cs.	(Duration) vis mos de.
10 NAME OF	and MASSerie Achi Gorones
FATHER Try Ty. Charles OS	(Signed M. D.
IN II BIRTHPLACE	July 14 180 (Address) Am Mole No
F OF FATHER	*State the I is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Z (State or country)	Accidental, Suicidal or Homicidal.
OF MOTHER OF	18 LANGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a suprise of the court	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos. ds.
(State of Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(7 000 000)	Former or usual residence
(Informant) Lastel Conc.	
(1) 119, 8-11 82	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (UVX) Tulk	Drewer, All On. July 15, 1930
15 4 16 2 2 700	20 UNDERTAKER
Filed 15 19230 fray 6 e. fra les	Maken & Atela land now
	Many of the grammapour
if more blanks are needed, address that hegistras	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, etc., Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy Solesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmania ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railwoy troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in pialn torms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMANENT

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MARGIN RESERVED FOR BINDING

PLA	CE OF	DEATH	1	
ounty	an	ne le	runde	1



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 23
Village or City hear Harman - (No. 05ZAKIE  2FULL NAME John Dectou	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male - Policy Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Suly 2/ 1980 (Month) (Day) (Year)
6 DATE OF BIRTH  (Conth)  (Day)  (Year	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE    Step   Step	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Particular  Balamors. Md.	Contributory Churic Bessear of the Heart Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER August October 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  Last name	*St. te the Dis ase Causing l'eath, or, in deaths from Violent Caus s, state (!) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
CF MOTHER STRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Lospitule, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.  Where was disease contracted, if hot at place of death?
(Informant) Mary Merson (SISTER) (Address) Harman Md	Former or usual residence.  10 PLACE OF BURIAL OF REMOVAL BURIAL PATE OF BURIAL Holy Rosary Cernely - Bury July 24, 30
15 Filed Culy 22 130 Caldwellwood	2.) UNDERTAKER Martin W.E. JADDRESS Furnband

If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more provided mine, etc. Wom-taborer Farm laborer, Laborer—Coal mine, etc. Wom-taborer state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples : and additional line is provided for the latter statement : if sary to know a the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Former or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. (b) (revery; (a) Foreman. (b) Automobile factory. The material nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part, of the second statement Civil engineer. Statement of Occupation Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, report For many occupations a single word or term on or At Home, and children, not gainfully emyrs). specifically the occupations of persons en-Compositor, Arch'ect, Locomolive engineer, eev. Stationary firenam, etc. But in many For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Carebrospinal fever (the only definite synonym is "Typidemic cerebrospinal meningitis"); Diphtheria (avoid u e of "Croup"), Typhoid fever (never report "Typhoid Pheumonia"; Lobor yneumonia. Brouchopneumonia."

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., seq wis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonuis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; inger, perilonaeum, etc., Carcinoma, Sarcona,, etc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICH A... taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Never report mere symptoms or terminal condivalvular etc. The contributory Always qualify all heart disease; death

If this certificate is looked over thoroughly and all quantions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

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X		LY. PHYSICIANS Exact statement of	
	RECOD	ACT.	
QNIONIB	A PERMANENT	should be stated EX	
04	(0)	> >	•

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE. MARRIED WIDOWED OR DIVORCED certificate DATE OF BIRTH (Month) (Day) 7 AGE AGE it ma fully supplied. 8 OCCUPATION ous on (a) Trade, profession, or particular kind of werk (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) See in 10 NAME OF 2 FATHER F DEATH in important. pino SHN 11 BIRTHPLACE Shou OF FATHER (State or country) RE information : 12 MAIDEN NAME of. OF MOTHER CAUSE O 13 DIRTHPLACE OF MOTHER (State or country Every item of inf should state CAL OCCUPATION

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..... If death occurred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) If LESS than 1 day, hrs.

> (Signad) I State the DISEASE CAUSING DEATH, or, in deathe from VIOLENT CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death State, ...... yrs. .... mes. .... da. ...... yrs. ..... mes.

Where was disease contracted, If not at place of death?

Contributory

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIK 30 191...

20 UNDERTAKER ADARESS

(Year)

min. ?

OR

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Forenian," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-ninqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic) "Atrocho" "Cal chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) suicide. Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head—homicide; The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by carbolic Never report mere acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Illie Cruedel	08920 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Yarmva (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. er-BIVORCED (Write the word)	16 DATE OF DEATH 8 - / 2 - , 193 0 (Month) (Day) (Year)
Mot Yum, 1  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to 2 , 193 0  that I last saw hereafter on 192 36
abut 83 yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Collinocalestris
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 43 ds.
9 BIRTHPLACE (State or country) Sillerelaced	Contributory Secondery  A.(Duration)  yrs
10 NAME OF FATHER LED COLVERT	(Signed) QT Malone M.D. 8-12 - 1830 (Address) 35 Ch low TT
OF FATHER (State or country) Cllary Caced	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Not Hyon W	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of death yrs mos, ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE-TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Mu X, Willis.	19 PLACE OF BURIAD OR REMOVAL DATE OF BURIAL
(Address) Narwood	Daniel Har only aug 13, 1930
Filed (109 13 1930 V.I) . Coupler Registras	V-M. Vacht West Vyer
If more b.anks ere needed, addre.s : tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.



(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oehousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salcsman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. ployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise see Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_citis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart—failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid tions, such as "Asthenia," "Ansemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The valvular heart disease; contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	0133 STATE OF MARYLAND
County a Co	CERTIFICATE OF DEATH
	h Registration Dist. No.
Village or City Many Parsole.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of steed of steed and
2FULL NAME / LONG & Sun	evi.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famaso Color ORYRACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / - (0 - , 1930 Yanusus (Month) / 0 (Day) / 930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Makagan 1899	12-6-29/192 to 1-10-,19230
(Month) (Day) (Year)	that I last saw hersalive on 1-10-30 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
3   l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or	A f
particular kind of work	Subliculores
(b) General nature of industry business, or establishment in	(Duration)yrsmos.36ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
W. W.	(Duration)ds.
10 NAME OF FATHER	(Signed) CT, Malouy M.D.
11 BIRTHPLACE	1-11-30 (Address) \$5 Calver 81
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) ( - ( )	Accidental, Suicidal or Homicidal.
of MOTHER Describer Jones	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER Dunce Country Dunce Country Dunce	At place In the of deathyrsmos,ds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	Former or usual residence
(Informant) Maclora Quens	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) tamp Parote ma	Sallows Charel a G. G. Can 10, 1930
15 Filedan 12 19232 French C. Frank	SUNDERTAKER 1/1 ) A DOREST HOURS IN
Rogistra	Johas. C. Hicks On Munusolis mo
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quoser," etc., Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g.. Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as ChronicExample: Measles (disease affection need not be etc. The contributory valvular heart disease;

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BUREAU V.

No.

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PLACE OF DEATH	STATE OF MARYLAND
County Mine anulal	CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City June June (No. Still	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 13/3/3/6 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH 15/13/30, 1 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS than   I dayhrs.   ds.   ormin.?	The CAUSE OF DEATH * Tay as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	ufaux
business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER MERRICONN.	(Signed) (Address) Clare Burn
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER RIOE Character Sha,  13 BIRTHPLACE OF MOTHER (State or Country).  Balterior Ma	ients or Recent Residents)  At place of death
(Informant)	Former or usual residence
(Address) flar Beurs	DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS
If more banks are needed, address tate Kegistra	A Warfield Burea grounds, Stanbury

15165

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomolive engineer, (3) Grocery;

Statement of Cause of Death—Name, first, the bis-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosginal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Example: Measles (disease Mcasles;

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIAMS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. ATION is very important. See instructions on back of certificate. ECORDZ AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. 8 No. 1

PLACE OF DEATH	07632 STATE OF MARYLAND		
County Co W	CERTIFICATE OF DEATH		
	(46)		
	Registration Dist. No.		
Village or City (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St: Ward) (If death occurred in a hospitual or institu- tion, give its NAME in- stend of street and		
2FULL NAME (Xency) (Val	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 199 25 , 1930		
6 DATE OF BIRTH	(Month) (Day) (Year)		
Als 215 012	1930, to July . I. st., 1951.		
(Month) (Day) (Year)	that I last saw h mealive on Tuly 554 , 192 ,		
7 AGE [If LESS than	1 -100		
7 2 1 day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:		
yrs. mos. 27 ds. or min.?	Dufrel = ee.		
8 OCCUPATION (a) Trade, profession or particular kind of work			
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duration) yrs, mos da		
9 BIRTHPLACE	Contributory Secondary		
(State or country)	Secondary (Destion) vrs. mos. de.		
10 NAME OF	(lelotya,		
FATHER CALLAGE TO OURSE	(Signed) M, D,		
M II BIRTHPLACE OF FATHER	192 (Address) LUSTING		
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER			
a lane Il guin	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds.		
(State or Country)	Where was disesse contracted.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
(Informant) Comie Dayler.	Former or usual residence		
(Intornant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	( little of her of ( al July 27, 1950.		
15 Filed Puly 25 1930 frag 4 C. frag Co The	Soundertaken Sporthwold Anothers		
If more banks are needed, addre.s tate Kegistras	, 16 W. Saratoga St., Balto, Requesting V. S. I.o. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a er," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," (secondar, or intercurrent) affection need not be st.ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

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S. No. 1

	PLACE OF DEATH	12150 STATE OF MARYLAND
(	County A ne Acundel	CERTIFICATE OF DEATH
		Registration Dist. No. 21
Vill	lage or City Crownsville State Hosp  2FULL NAME Elizabeth P	tion, give its NAME in
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s s	dex 4 COLOR OR RACE SINGLE, MARRIED, METTIE d WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 18th , 19230 (Month) (Day) (Year)
6 D	UNKNOWN , 1 8  (Month) (Day) (Ye	17 I HEREBY CERTIFY, That I attended the deceased from April 22 192 to October 18, 192. 3  that I last saw h eralive on October 18, 192. 3
7 A	40 yrs. 17105,0wn ds.	hrs. The CAUSE OF DEATH * was as follows:
) w	b) General nature of industry susiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  West Virginia	Contributory Secondary  Duration Unkyre WM mos d
	10 NAME OF Benjamin Lofey	(Signed) Sq. 192 3QAddress) Grownsville Md.
NTS	OF FATHER (State or country)  Nest Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER Mary Eliza Ross	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
	OF MOTHER West Virginia (State or Country)	At place 1 of death yrs mos. 26 ds. In the State Lyck no was
14	(Informant) Crownsville, Leryland	if not at place of death?  Former or usual residence Beltimore City Leryland  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  M. C. J.
15	Filed Out 18 19230 france france	more for Chara Most
	If more branks are needed, address State Res	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housewhard, etc. If the occupation has been changed to ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report household only (not paid Housekeepers who receive a Foreman, (b) coim, Compositor, Architect, Locomotive engineer, ongineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebros poul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

discases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincun be ascertained as the cause. (secondar, Whooping Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, by cough; or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

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for			
(1)	- 15	PLACE OF DEATH	STATE OF MARYLAND
X	tYSI- Exact	County anne arundel	CERTIFICATE OF DEATH
	4	County OU VICE CO COLLEGE	(80)
9	KACTLY, classified ate.	1 4 1 0 .	Registration Dist. No.
2	sei.	Village or City Varnova (No. J. J.	St.: Ward) (If death occurred in a hospital or institu-
10	EXAC ly class ficate	(- h) Total	tion, give its NAME in-
10	I E	<sup>2</sup> FULL NAME	number.)
1	tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	10 40	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
	0 8 X	WIDOWED Deligle OR DIVORCED OR DIVORCED (Write the word)	1920
N.A	uid bay ba		(Month) (Day) (Year)
PER	ho t n	6 DATE OF BIRTH	
E 0.	na te	(Month) (Day) (Year)	that I last saw halive on, 192,
S	ied. ACE	7 AGE [If LESS than	and that death occurred on the date stated above, at
R S	s so	I dayhrs.	The CAUSE OF DEATH * was as follows:
O E	= 2 = 1	yrsmosds. ormin.?	Mo physican allended
- T	supp in ter	B OCCUPATION (a) Trade, profession or	Jan
SEF	ly sain	particular kind of work (b) General nature of industry	Thes Child alled of Convulsions
	200	business, or establishment in	of an alphanonio Dugen de
ĽŽ	H in	which employed or (employer)	Contributory
ADIN	AT	9 BIRTHPLACE (State or country)	Secondary
UNF	d b DE	10 NAME OF	(Duration) to Inos de
≥	Ve Ve	FATHER Leury Tarter	(Signed)
TH	S m	U 11 SIRTHPLACE OF FATHER	#State the Lisuse Causing Death, or in deaths from
W	NON	Z (State or country) Mary aced	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
>	CA	of Mother emma arker.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Z	orn c.to	13 BIRTHPLACE	ients or Recent Residents)
Y	n s	OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	- 00 -	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
田田	houl	(1) Blown & Low	Former or usual residence
WRI	S S mer	(Informant) Hewry with	19 PLACE OF BURIAL OF REMOVAL
3	Every Item CIANS sho statement	(Address) Hounned Md.	(Idams) Kakel Seb 104,30
	S C E	15 Nib 10th an MALL to	20 UNDERTAKER ADDRESS
	1	Filed J. Ch 10 1900 M. May for Begistrai	Heury Carker Harund
	2	If more banks are needed, Addre. s Ltate Kegistrar,	, 16 W. Saratoga St. Balto., Requesting V. S. 1.o. 1.
		THE PARTY OF THE SECOND	- Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Physician; Compositor, Architect, report specifically the oecupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "eontributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping eough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B.

PLACE OF DEATH County (1).	08921 STATE OF MARYLAND CERTIFICATE OF DEATH
6	Registration Dist. No.
Village or City Ocestport (No. 391 / 2FUI NAME Joseph Par	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH    S
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Hore (b) General nature of industry	Capillary Bronclutes
business, or establishment in which employed or (employer)	(Duration)yrsmos3_de.
9 BIRTHPLACE (State or country) Carlfruf Md.	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER Peuton Parker	(Signed) Co & Malowy M. D.
OF FATHER (State or country) G. G. Co 24d.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Henriella Sines	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Q. Q. Co. 244,	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
(Informant) Lames of MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Address) Sastfavet 24/4	Invapole Week aug 18, 1930
15 Fildering 18 1923 Fage C of Colorestrat	John My Lay Wi Clamopolis
If more hanks are needed address that Registrate	16 W. Sarators St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many single word or term on Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart affection need etc. The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	12858 STATE OF MARYLAND
County.	CERTIFICATE OF DEATH
PT-Y	Registration Dist. No. 20
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME (Many (Jan)	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale Colord Share, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OUT 16 , 192 181 (Month) (Day) (Year)
6 DATE OF BIRTH LOVEN / Survey	17 I HEREBY CERTIFY, That I attended the deceased from Oct. 15- 1923 o. to Def. 16 1950
(Month) (Day) (Year)	that I last saw hay alive on Och 15 , 1923 c
7 AGE  GG yrs. mos. ds. lfLESS than l day. hrs. or min.?	
a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,
9 BIRTHPLACE (State or country) Mayland	Contributory Secondary (Duration) yts
10 NAME OF LOVE Surve	(Signed) Gaslace Course M. D.
OF FATHER (State or country)  Waybourd	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mar u gretto	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).  Mayl and	At place of deathyrsmos,ds, Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Colores (Address) Sollies	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Oct 12, 1980
Filed 10/17 19230 Din Causton	WM Talbutt in Bons
If more bianks are needed address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). busine., that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (1) Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Enaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy," etc. The contributory

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N. B.

		PLACE OF DEATH County Co.	01324	STATE OF N	
ficate.			1 0 1	Registration I	Dist. No. 21
	Vil	lage or City finnapold (No. 0 +	Carper Carper	(Swf Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stend of street and number.)
cert		PERSONAL AND STATISTICAL PARTICULARS.	MEDICA	L CERTIFICATE O	F DEATH
ack of	3/9	NAGE 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	2-4- (Month) #	1983 d.
ohs on b	6 1	DAXE OF BIRTH  (Month) (Day) (Year)	that I last saw h	CERTIFY, That I atte	14-30, 192
Instructi	7 A	If LESS than I day hrs. or min.?	and that death occurre The CAUSE OF DEATH		above, at 4Pm,
t. See Ir	)(p)	Trade, profession or articular kind of work  O) General nature of industry	Tubero	ulosis	
mportar	JW	usiness, or establishment in thich employed or (employer)	Contributory Secondary	(Duration)	ds.
s very		10 NAME OF FATHER That Parper	(Signed) (Si	(Address) 3. Ca	M. D.
201	RENTS	OF FATHER (State or country)  12 MAIDEN NAME	Violent Causes, stat Accidental, Suicidal or	ease Causing Death, e (1) Means of Inju Homicidal.	ary and (2) Whether
danco	PA	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	ients or Recent Resi	dents) In the State.	yrsmosds.
o to tue	14 7	(Informant) Reversa Parker	Where was disease contractif not at place of death? Former or usual residence	cted,	50
statem	_	(Address) 6 Felomyer God	Bun Vill	Gent.	Feb. 7 , 1930
	15	Filed 16 1923 D Try 4 C. Fry & her	Chart H	As g	Innapolio m
11		If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Ba	ilto., Efquesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emlaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart Nomenclature of the The contributory disease; not be

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V. S.

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RD	Class ate.	Vil	lage or City Walerbury	(No
00	m ≥5		2FULL NAME & U	Sie Dr
٦			PERSONAL AND STATIST	CAL PARTICI
IANEN	be st be pr ck of	3 5	Fem Color or race	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word
PERM	shou t it m s on	6 [	DATE OF BIRTH May	6
A	ACE that		(Month)	(Day)
HIS IS	supplied. ACE n terms so that See instruction	7 4	₩ //, yrs	mos. de
NKT		(p	a) Trade, profession or articular kind of work	omeble
NG I	arefully H in pla	Ъ	b) General nature of industry usiness, or establishment in rhich employed or (employer)	
ADI	ATA	9 E	SIRTHPLACE (State or country)	Pana
UNFA	ould SF D		10 NAME OF FATHER	h Br
WITH	CAUSE CAUSE CAUSE	ENTS	OF FATHER (State of country) Wales	bury "
LY,		PAR	OF MOTHER addit	of al
Z	Inform d state		13 BIRTHPLACE OF MOTHER (State or Country) Wash	hinglon
RITE	item of standard stan	14	(Informant) JUSSIA	Gra
3	Every i		(Address) Wa	larbung
	Щ O ®	15	Filed Jun 15 1923 0 7	244 x

PLACE OF DEATH

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1	- \		-00.	_	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
d	16 DATE OF DEATH / 112 (2, 1930
_	(Month) (Day) (Year)
1	Del 79 1929 to June 11, 1920, that I last saw h exalive on June 11, 1920,
an	and that death occurred on the date stated above, at 7.40 Am. The CAUSE OF DEATH * was as follows:
	Uxerine Careriona
-	Contributory Certe Repartes
-	(S) meg ds.  (S) meg ds.  (S) meg ds.
-	Thee 13 1920 (Address) facebrelo led
-0	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
ô	At place In the of deathyrsmosds. Stateyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Ter.	Waltrbuy End 9 15, 1930 ROUNDERTAKER ADDRESS
	EHB Parken, 47 Wash81

If more branks are needed, address State Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

[If LESS th

(Approved by U.S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (refirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City  Village or City  Village or City  St: Ward  St: Ward  And StATISTICAL FARTICULARS  PERSONAL AND STATISTICAL FARTICULARS  S SEX  4 COLOR OR RACE   SANGLE NARRIED NO DIVORCED OR DIVOR	PLACE OF DEATH	05213 STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  SEX  1 COLOR OR RACE SINGLE, MARRIED M. OR DIVERGED (Write the word)  OR DIVERGED (Write the word)  TAGE  (Month)  (Month)  (Day)  (Word)  (Word	County	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  2 SEX  4 COLOR OR RACE S SINGLE, WIDOVED (Write the word)  6 DATE OF BIRTH  ACT (World the word)  7 AGE  (Month)  (Month)  (Day)  (Word)  (Word)	Village or City Co/Man	a hospital or institu-
AGE  AGE  AGE  AGE  AGE  AGE  AGE  AGE	2 FULL NAME Shu W. Ta	stead of street and
AGE  DATE OF BIRTH  (Month) (Day)  (North the word)  (Address)  AGE  DATE OF BIRTH  (Month) (Day)  (North the word)  (Cent)  (Month) (Day)  (Year)  (Month) (Day)  (Year)  (Address)  (Month) (Day)  (Year)  (Year)  (Address)  (Month) (Day)  (Year)  (Year)  (Address)  (Address)  (Month) (Day)  (Year)  (Year)  (Address)  (Address)  (Address)  (Address)  (Month) (Day)  (Year)	PERSONAL AND STATISTICAL PARTICULARS	
(Month) (Day) (Year)    If LESS than   day	MARRIED, WIDOWED OR DIVORCED	May 22 , 1930 (Month) (Day) (Year)
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which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME DF PATIBLE  11 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE & TRUE TO THE BESTONY KNOWLEDGE  (Address)  15 Contributory Secondar)  (Duration)  (Duration)  (Address)  (Address	(b) General nature of industry	Question 2 - may - de
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HONATE DF FATHER  11 BIRTHPLACE OF STATE OF COUNTY  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE & TRUE TO THE BEST OF DIV KNOWLEDGE  (Address)  15 CANDERS OF BURIAL  (Address)  16 NAME DF Filed  17 1930. (Address)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traesients, or Recent Residents)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traesients, or Recent Residents)  19 PLATE OF BURIAL  10 PLATE OF BURIAL  20 ENDERTAKER  ADDICESS		Secondary
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State or country  Wiolent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,  Wiolent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,  Is BIRTHPLACE OF MOTHER (State or country)  Where was disease contracted, if not at place of death with the State, with the State, with the place of death with the State, with the State of Burlat.  (Address)  (Address)  Filed  Por Mother Accidental, Suicidal or Homicidal,  Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, of Recent Residents)  In the State or country Many Knowledge  (State or country)  At place of death with the place of death with th	John W. Jarker	M. d. I De Transfeles
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BESTONY KNOWLEDGE  (Address)  (Address)  15 PLATE OF BURIAL OR REMOVAL  (Address)  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracesients, or Recent Residents)  17 THE ABOVE IS TRUE TO THE BESTONY KNOWLEDGE  (Address)	11 BIRTHPLACE OF FATHER State or country anyland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
At place of death. yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or usual residence.  (Address of Marker of Burial OR REMOVAL BATE OF BURIAL OR REMOVAL BATE OF BURIAL OR REMOVAL ADDRESS  Filed 1930 C. May ter	OF MOTULES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
The Above is true to the Best of My Knowledge  Informach Versley Garber  (Address Volk) air Md.  (Addr	OF MOTHER 7	At place In the of death yrs. mos. da. State, yrs. mos. da.
(Address) 1930 MA Caylor 20 INDERTAKER ADDRESS	14 THE ABOVE OF TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Filed 1930 O. Clay top 20 INDERTAKER ADDITIONS TO THE ADDITIONS TO THE PROPERTY OF THE PROPERT	Information Vegley Varker	usual residence
Filed 1930 Clay to PNDERTAKER Y ADDICESS		A day Cas I ho May 4" 1930
	0/3 3	20 ENDERTAKER JOLIK ADDIESS
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	The Man I	16 W. Saratoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) acclitional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter whatever, write None. et ad 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons work, or At Home, and children, not gainfully emlabbrer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement nature of the business or industry, and Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of firms of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day therefore an

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Agc," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles nse of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinona, Sarcoma, etc., of Poisoned by carbolic acid-probably suicide. The na-Examples: taken. For violent beaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (e. g., sepsis, tetanus) may be stated under the Accidental drowning; Struck by railway snch as "Asthenia," Chronic valvular heart discuse; "Апаетіа" "Coma," "Con-(disease (second-(mercly

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1930

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SNT CORD stated EXACTLY, PHYSI- properly classified. Exact of certificate.	PLACE OF DEATH County  Village or City  2FULL NAME PERSONAL AND STATIS
FOR BINDING IS A PERMANENT I. ACE should be sta so that it may be pro- uctions on back of c	3 SEX 4 COLOR OR RACE MALE STRIPLE 6 DATE OF BIRTH (Month
WRITE INTO WITH UNFADING INK-THIS IS A PERMANENT CORD Every Item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificate statement of OCCUPATION is very important. See instructions on back of certificate.	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BE (Informant)
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J.	-00				

TICAL PARTICULARS

If more branks are needed, address State Registr.

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

If LESS than I day hrs.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
1	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH DEC 6 , 1936
I	(Month)(Day)(Year)
	I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h an alive on Die 6th , 1920,
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	Λ
1	Lower hrumania
1	000000000000000000000000000000000000000
	A
1	(Durstion) yrs. mos. ds.
	Contributory Volor Wumania
	Secondary My Control of the secondary
-	(Mistion)
	(Signed) M. D.
-	Dre 8 1920 (Address) Curafile le
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents)
	At place of deathyrsmosds,
•	Where was disease contracted, 20-Aslland St.
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Cidas Blog Cent All 8, 1836
2	30 UNDERTAKER DU ADDRESS
	John M. Laylor Unnapolis
ar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons en-" etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) perilanaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

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PLACE OF DEATH County	14623 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City amapolis (No. 93 Pren	Registration Dist. No.  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Mulgowed, OR DIVORGED (Write the word)  6 DATE OF BIRTH  Sept 20, 1865	18 DATE OF DEATH /2 - 26 - 19260  See (Month) Z6 (Day) 30 (Year)  11 HEREBY CERTIFY, That I attended the deceased from 1928 to See 26 , 19230, that I last saw humasive on Sec 25 , 1920,
7 AGE (Manth) (Day) (Year)  7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) 2 respectively (Signed)
11 BIRTHPLACE OF FATHER (State or country) Chrispolis Md  12 MAIDEN NAME Margaret Fort 13 BIRTHPLACE OF MOTHER OF MOTHER  14 DE MARGER MARGARET MARGARET  15 BIRTHPLACE OF MOTHER  16 DE MOTHER  17 DE MARGARET MARGARET  18 DE MOTHER  19 DE MOTHER  10 DE MOTHER  10 DE MOTHER  11 DE MOTHER  12 DE MOTHER  12 DE MOTHER  14 DE MOTHER  15 DE MOTHER  16 DE MOTHER  17 DE MOTHER  18 DE MOTHER  18 DE MOTHER  19 DE MOTHER  19 DE MOTHER  19 DE MOTHER  19 DE MOTHER  10 DE MOTHER  10 DE MOTHER  11 DE MOTHER  12 DE MOTHER  12 DE MOTHER  13 DE MOTHER  14 DE MOTHER  15 DE MOTHER  16 DE MOTHER  17 DE MOTHER  18 DE MOTHER  18 DE MOTHER  19 DE MO	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country) Charapolis Diga.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Charac C. Parkenson  (Address) Charapolis 244.	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS
Registrar	folice M. Vaylor Churakolis art 6 W. Saratoga St., Balto., Requesting V. S. No. 1. My.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrasical fever (the only definite synonym is "Epidemic cerebrasian meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	CORD	d EXACTLY arly-classifie	1
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MARGIN RESERVED FOR BINDING	WRITE I NLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
RESERVE	IG INKTH	efully suppli in plain term rant. See in	-
MARGIN	H UNFADIN	OF DEATH s very impor	
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PLACE	OF	DEATH

Anne Arundel County

65214 (74-a)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Crownsyille State Hospital St.: Ward) a findent of hospital or finditus of the stated of the state				d.a	01 - 4 7		Registration I	Dist. No.
SEX 4 COLOR OR RACE   SINGLE MARRIED MARTIED WINDWED OR DIVOMORED (Winte the word)   16 Date of Birth   19230   17   1862 (Month) (Day) (Vear)   1862 (Month) (Day) (Month) (Day) (Vear)   1862 (Month) (Day) (Month) (Day) (Vear)   1862 (Month) (Day) (Month) (Day) (Vear) (Month) (Day) (Vear) (Month) (Day) (Vear) (Month) (Day) (Vear) (Month) (Day) (Month	Vil					lo spitalSt	:Ward)	a hospital or Institu- tion, give its NAME in- stead of street and
Female black words word with the word word with the word word w	_	PERSON	AL AND STA	TISTICAL PARTIC	ULARS	MEDICAL CE	ERTIFICATE C	OF DEATH
unknown (Month) (Day)  (Month) (Day)				MARRIED, M WIDOWED, OR DIVORCE	0	May 1		
The CAUSE OF DEATH * was as follows:  Cere bral Hemorrhage  Coccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Particular kind of work  Single of country  Particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Particular kind of work  Single of country  Secondary  Secondary  Secondary  Single of country  Particular kind of work  May 12 10 Ma	6 [	DATE OF BIRT	u			May 13th 19	on May 1	12 th 192 30 2th 1930,
(a) Trade, profession or particular kind of work (b) Ceneral nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  Crownsville, Maryland  (Address)  Contributory Secondary  May 12 9930 (Address)  FOWMSVIlle, Ma  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place 16 yrs. 1 mos. 29 ds.  State University of the Maryland of death.  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Hospital Records  19 PLACE OF BURIAL OR (RIMOVAL)  Hospital Records  19 PLACE OF BURIAL OR (RIMOVAL)  Hospital Records	7 4		68? yrs.	mosd	l day hrs.	The CAUSE OF DEATH * w	as as follows:	62
Signed  Virginia  Virginia  Virginia  Signed  Father  Daniel Payne  II BIRTHPLACE (State or country)  Virginia  Signed  May 12 930 (Address)  FOWNSVIlle, Ma.  State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  State or country  Virginia  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 16 yrs 11 mos 29 ds.  Signed  May 12 930 (Address)  Pownsville, Maryland  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 16 yrs 11 mos 29 ds.  Signed  May 12 930 (Address)  Pownsville, Maryland  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 16 yrs 11 mos 29 ds.  Signed  May 12 930 (Address)  Pownsville, Maryland  Accidental, Suicidal or Homicidal.  Signed  May 12 930 (Address)  Pownsville, Maryland  Signed  Signed  May 12 930 (Address)  Pownsville, Maryland  Signed  Signed  May 12 930 (Address)  Soundsy  Pownsville, Maryland  Signed  Signed  May 12 930 (Address)  Soundsy  Signed  May 12 930 (Address)  Pownsville, Maryland  Signed  Signed  May 12 930 (Address)  Pownsville, Maryland  Signed  Signed  Signed  Signed  May 12 930 (Address)  Pownsville, Maryland  Signed	(l)	b) General na business, or es	of work ture of industry tablishment in		4		100	ytsds.
*State or country)  12 MAIDEN NAME OF MOTHER Sarah Bergner  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland  (Address)  (Address)  Crownsville, Maryland  (Address)  (Address)  Crownsville, Maryland  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 16 yrs 11 mos 29 ds.  Where was disease contracted, if not at place of death?  Where was disease contracted, if not at place of death?  Former or usual residence  (Address)  Crownsville, Maryland  Hospital Records  Date of Burial  Hospital Records	9 E	(State or cou	V		e	Secondary		Oyrs. ds. ds.
OF MOTHER Sarah Bergner  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Laformant) Hospital Records (Address) Crownsville, Maryland  (Address) Crownsville, Maryland  (Address) Crownsville, Maryland  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 16 yrs. 11 mos. 29 ds. State Jinknown ds.  Where was disease contracted, if not at place of death?  Former or Montgomery County, Maryland  19 PLACE OF BURIAL OR RIMOVAL HOSPITAL RECORDS	ENTS	OF FATHE (State or	ecountry)					
At place 6 of MOTHER (State or Country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Hospital Records  (Address) Crownsville, Maryland  At place 6 yrs 1 mos 29 ds. State Jinknown ds. Where was disease contracted, if not at place of death?  Former or usual residence Montgomery County, Maryland  19 PLACE OF BURIAL OR REMOVAL HOSPITAL Records  HOSPITAL Records	PAR			Sarah Bergn	er	18 LENGTH OF RESIDEN	CE (For Hospit	
(Address) Crownsville, Maryland		OF MOTH	ER 1/	aryland		At place 16 of death wrs. 29		. Unknown d.
15 AND ADDRESS	(	(Informant)	Hospita Crown	l Records	yland	if not at place of death?  Former or usual residence Montgon  19 PLACE OF BURIAL OR	nery Coun	

If more branks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Furner or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on Locomotive engineer, (4) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewor the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewor (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, parilonaeum, etc., Carcinona, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," ", Exhaustion," "Debility" ("Congenital," (secondar. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, (hronic etc. The n ture of the injury, valvular heart The contributory discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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			×	177							
ficate.	k of certi	is on bac	ruction	statement of OCCUPATION is very important. See instructions on back of certificate.	nportant.	s very in	ATION IS	OCCUZ	ment of	state	
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	se proper	t it may b	so tha	ain terms	ITH in pla	CF DEA	CAUSE	ld state	S shoul	CIAN	
N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, I	se stated	should k	A. ACE	y supplied	carefuil	ould be	nation sh	f inforr	item o	Every	
WRITE INLY, WITH UNFADING INN 1 HIS IS A PERMANENT	I NILL	PERMAI	2	CITI VI							×
		100		I	-	マムハコー	I, WILL	TINE D	KILL	\$	N.

PLACE OF GENTA	10410 STATE OF MARTLAND
County A. A.	CERTIFICATE OF DEATH
17:	14a Registration Dist, No. 20
FULL NAME graces M. Gill	St: Ward)  (If death occurred In a hospital or institution, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED MARY OR DIVORCED (Write the word)	16 DATE OF STATELY 29
May 31 St 1843	that I last saw he alive on May 29 , 1920,
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry use 200	Cerebral den mordage
business, or establishment in which employed or (employer)	Contributory (Diaco-) elemono
SBIRTHPLACE (State or country) (Nate or Country)	Secondary (Duration) Tyre
FATHER IN TEACH	(Signed) M. D.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER AND WILL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant Mrs. Sm. Teach	Former or usual residence
(Address) Reva, Med.	Dari Jon ville All May 31 1930
Filed May 30. 1923 UM. Quento Jaleharto	Jas. J. Cex Davidson ille
If more banks are needed, address Ltate Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil cugineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as For persons who have no occupation Stationary firenum, etc. person, irrespective of But in many 6 Grocery; Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time a: d causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; insl meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasinus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Chronic valvular heart disease; etc. The contributory Measles;

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	1PLACE OF DEATH
C	County Anna Anundel
Vill	age or City Elmhurst (No. S
	2FULL NAME Subrey Setes
	PERSONAL AND STATISTICAL PARTICULARS
3 \$	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Year)
7 A	GE    If LESS than   I day hrs.   or min.?
	a) Trade, profession or articular kind of work
(h	o) General nature of industry usiness, or establishment in which employed or (employer)
9 B	(State or country) orth Carolina
	10 NAME OF FATHER Undertamable
NTS	OF FATHER (State or country)
PARENTS	OF MOTHER MONTAINALL
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) ALD, Evans

14624

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in

Registration Dist. No.

Ward)

a nospital of institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH AREC, 1923
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw h alive on 192,, and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
presse ;
(Duration) vrs. mos. ds.  Contributory Service (Duration) 7. yrs. mos. ds.  (Signed) M. D.  4 12 (Address) inthicum 1900 4.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
The All Strate The

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

my rogen Sun Burnis

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septianemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitual nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 193

-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY, WITH UNFADING INK .- THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE v. S. No. 1.

PLACE OF DEATH  Ann Agunda	00887 STATE OF MARYLAND CERTIFICATE OF DEATH
County J. J. M.	Registration Dist. No. 23
Village or City Glen Burnie (No. Elmb	St.; Ward)  (If death occurred in a hospital or institution, give its NAME incread of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, MATTICE WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	4 dan. 1920, 10 6 dan 1020.
(Month) (Day), 1882	that I last saw har alive on A SAD
7 AGE If LESS than	and that death occurred on the date stated above, at f
AS yrs day de or min. ?	The CAUSE OF DEATH & was as follows:  Cancer of Uterus -
(a) Trade, profession or	
particular kind of work. Pomostic  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or Auntry)	Contributory
HONE Grande (County Mary Man)	(Dulation) yrs. mos. da
Thomas Tarker	(Signed) 1 WWW WOOTH M. D.
11 BIRTHPLACE OF FATHER (State or country) II (O) MARY (An) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal,
of MAIDEN NAME OF MOTHER F//a -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER AM Manual 1	ients, or Recent Residents)  At place In the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Mormant) Frederich Evans	Former or usual residence
98 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Forest Dever 1-8 1988
Filed Jan 7. 1830 Caldwell Woodry	Dela H Tradem While St.
If wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto Requestive V. S No. L

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servent, Cook, whatever, write None. bulled so, that fact may be indicated thus: Farmer (restat excupation at beginning of illness. If retired from or given up on account of the bisease calling bearing House meid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manaver," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material hould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician. Compositor. Architect, Locomotive engineer. the first line will be sufficient, c. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsinner, (b) Cotton mill; (a) Salesman, (b) Crocery; Statement of Occupation-Precise statement of ocat home. etc., applied to each and every person, irrespective of to know (a) the kind of work and also (b) the 6 yra.). For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-Day

Examples of Causo of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*crewrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

men heed ture Nomenclature of the American Medical Association.) dusances "Purperal septicacnia.""Purperal poritonitis," Prisoned by carbolic acid-probably suicide. train-quident; Revolver wound of head-homicide; Examples: Accidental drow ing; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, STICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cat e. "Uraemia," "Weaknes," etc., when a definite disease rhage," "Inanition "Dropsy." "Exhaustion," "Heart filure," Vulsious," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report in re symptoms or causing death), 29 ds.; Broncho, neumonia stated unless important. (secondary or intercurrent) affection Chronic interstitial nephritte, etc. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid myes, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Twoerculosis of lungs, men-Whosping cough; Chronic valvular heart Of FOR VIOLENT DEATHS ST IC MEANS OF INJURI (e. g., sepsis, tetanus) may be stated under the the injury, as fracture of skull, and conse-"contributory." cause of death approved by "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." " "Maramus," "Old Age," "Shock," (Recommendations on state-Example: Measles "Апастіа" Always qualify all The contributory "Coma," Committee nced .Haemorterminal discase; Meastes; (disease (second-(merely not be "Con-

E this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7		PHYSI-	
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MA	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
	RITE	item of its s should ment of 00	14
V. S. No. 1	X	BEvery CIAN: stater	18
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1PLACE OF DEATH	No.	06419		
County, A.A.	(	188-0	CERTIFICATE  Registration D	-
Village or City Annapolis Blvd (No. 2FULL NAME Benjamin Fra	nklin Phi	pps	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTI	CULARS	MEDIC	AL CERTIFICATE O	F DEATH
A SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the w.		16 DATE OF DEATH	(Month)	(Day) (Year)
S DATE OF BIRTH  September 14  (Month) (Day)	, 1.887 (Year)	that I last saw h	CERTIFY, That I atte	nded the deceased from , 192, 192,
43 yrs. 8 mos. 20	If LESS than I dayhrs. ormin.?	The CAUSE OF DEAT		above, at 145 Am.
(a) Trade, profession or particular kind of work Carpentor (b) General nature of industry business, or establishment in which employed or (employer)	Agent	FROM	AUTO A	CCIDENT de.
O BIRTHPLACE (State or country)  A.A.Co. Md.  10 NAME OF FATHER Julius Phipps		Contributory Sacondary  (Signed)	ing Evera	Porton M. D.
OF FATHER (State or country) A.A.CO.Md.		*State the I's Violent Causes, st Accidental, Suicidal	iscase Causing Death,	or, in deaths from ury and (2) Whether
of MOTHER Rachel Ford  13 BIRTHPLACE OF MOTHER (State or Country)  A.A.CO.Md.		18 LENGTH OF RE ients or Recent Re At place of death yrs	In the State	ale, Institutions, Trans-
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOW	WLEDGE	if not at place of dea Former or usual residence		
(Informant) Louis E. Phipps (Address) Annapolis Md.			Ve A.A.Co.	June 6 , 1930
5 Filed me 6 1920 fry 6 C	Registrar 7	John M.	Taylor	AnnapolisMd.
If more branks are needed, addre.	s Ltate Registra	, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

'definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feier (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
> State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., C'arcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary Never report mere symptoms or terminal condior intercurrent) affection need not be

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ECORD AINLY, WITH UNFADING INK--THIS IS A PERMANEN BINDING MARGIN RESERVED FOR

V. S. No. 1

ract	PLACE OF DEATH	01325 STATE OF MARYLAND
TW	County MM Messale	CERTIFICATE OF DEATH
Υ, Filed		Registration Dist. No.
XACTL classificate.	Village or City Stall (No.	St.2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
ated EX/ operly cl	2FULL NAME Illamon	number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be si y be prack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
oul ma n b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
sh it it	(Nov 28, 1923	Feb 2 1823 D. to 12 1 20 , 1980.
tha	(Month) (Day) (Year)	that I last saw han alive on
ms so the	7 AGE  [If LESS than   1 day hrs.   2 ds.   or min.   or min.	and that death occurred on the date stated above, at
ly suppain terr	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Typhoid Lead
ant	business, or establishment in	(Duration)yrsmosds.
ATH in	which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary
OF DE	10 NAME OF MARION L Phills	(Signed) (Add M. D.
on sh USE ON is	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mati e CA PATI	of MOTHER (Maria Rogers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
of of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
y item NS sho ement	(Informant) Marion L Phipps	Former or usual residence
CIAN	(Address)	Amdell Chuellog Let 11, 1900.
	Filed Jeb 20 1930 The The Registrar	T. a. Herdesly Felesville
Z	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed Physician, Statement of Occupation-Precise statement of oc-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stited unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; Always qualify all

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N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	6134 STATE OF MARYLAND
County Asme Asundel	CERTIFICATE OF DEATH
DR / .	Registration Dist. No. 26
Village or Sity WM Mint (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME STEPH	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  MAA H, 1869  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Am. 1920. that I last saw him alive on Jan. 1920.
7 AGE   [If LESS than   1 day   hrs.   or   min.?	and that death occurred on the date stated above, at I find m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Walnula Disease of Dearl
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs, 1 mos V ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs
10 NAME OF Philips	(Signed) Gu Address) M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Is quite	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Am N Phills	Former or usual residence
(Address) Judley Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pan 11, 1930.
Filed De 11 1980 Gu D. Wenk Registrar	20 UN DERTAKER ADDRESS Brindship
If more blanks are needed, addresa State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. Womtired. 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Flanter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia");

American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., whon a definite disease stated unless important Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary). (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart etc. The contributory disease; not be

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V. S. No. 1

PLACE OF DEATH County A C. Co	07633 STATE OF MARYLAND CERTIFICATE OF DEATH
to 1 A	Registration Dist. No.
2 FULL NAME Purchell Pingle  PERSONAL AND STATISTICAL PARTICULARS	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 19250, that I last saw haralive on felly 1920,
(Month) (Day) (Year)  7 AGE  2 yrs. 3 mos. 17 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE	Contributory Asserted Museumic
(State or country)  (State or country)  (A, A, Leo,  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	(Signed) (Duration) yrs mos ds,  (Signed) (Address) (M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Olla Johns  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Daviel Pariell (Address) Carlyheigh my.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Land Control of Burial  Land Control of Buri
Filed July 19 19230 frey 4 C. Jan Registrar	20 UNDERTAKER ADDRESS 4 Work of Str., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart Nomenclature of the need not be disease;

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V. S. No. 1

N.

PLACE OF DEATH	12859 STATE OF MARYLAND
County a. a.	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Phydell (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Wildson On Divorced (Write the word)	16 DATE OF DEATH 0.4 3/, 19 <b>3</b> 4. (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 4 1937 to 0 3 7 1930 that I last saw best alive on 0 4 3 7 1930
	and that death occurred on the date stated above, at 4 12 m.
(a) Trade, profession or Xarmen	Ortens-soluvsis
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) yrs, mos ds,
9 BIRTHPLACE (State or country) a a. Co. Co comb	Contributory Syfatell Conqueton of Country Secondary  (Duration) yrs mos ds.
10 NAME OF Poluet. & Pindell	(Signed) Koverdy Dosocer M. D.
OF FATHER  (State or country) a a ev. one  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Harriet R. Wyrish	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Dindell a. a. es.	Dendell a. a. to Hor 2 19
15 Filed Wood 2 1320 Ju. R. Clay to	20 UNDERTAKER  ADDRESS  L. Hopping annifold
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros mull fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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N. B.--Every item Existention should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT WRITE

PLACE OF DEATH	10108 STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Cast Dart (No. 33)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CENTIFICATE OF DEATH
male (Married, Married) OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
(Month) (Day) (Year)	
7 AGE about 40 eyeas   If LESS than   I day hrs.	and that death occurred on the date stated above, at
B CCUPATION  a) Trade, profession or particular kind of work	Hast Discaso
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country)  (State or country)	Contributory Secondary
10 NAME OF FATHER Of W. Denkness.	(Signed John Male (Address) Mark Male (Signed John Male (Address) Mark Male (Signed John Male (Signed Mark))
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
OF MOTHER (State or Country) Unknown	At place of deathyrsmosdsdstheyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informant) Memic Vinkney	Former or usual residence
(Address) 380 ( Prestee aux,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Sell 9 19230 Joseph C. Jon Will	20 UNDERTAKER ADDRESS 34 Morthuss
If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Leggesting V. S. Co. I. map 800

(Approved by U. S. Census and American Fublic Health Association.)

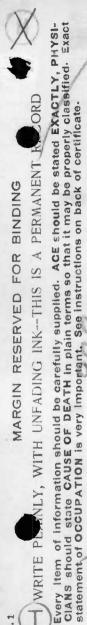
fulness of various pursuits can be known. The queser," etc., without more precise specimeanant in laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to e:ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekcepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia, Chronic interstitial nephritis, American Medical Association.) approved -Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on " "Weakness," etc., when a definite disease Chronic affection need etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN



### PLACE OF DEATH

**2FULL NAME** 

(Address)

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County targe aruncel



If more branks are needed, address Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

Crownsville State Hospital Village or City

John Pitchford

St.: Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

	ex male	blac		MARRI WIDOV OR DIV (Write	ED.	ngle
5 D	ATE OF B	IRTH				
		un	known (Month)	(	(Day)	., 1906 (Year)
7 A	GE	0.4	7			If LESS than
(a pa	articular k o) General	on profession or ind of work nature of ind	ustry	ruand		or min.
(the bit w	n) Trade, particular k b) General usiness, or hich emple	on profession or ind of work nature of ind establishment oyed or (emplo	ustry in			
(the bit w	n) Trade, particular k b) General usiness, or hich emple	on profession or ind of work nature of ind establishment oyed or (emplo	ustry in oyer)	rrand	l boy	
(the bit w	n) Trade, particular k b) General usiness, or hich emple	or of the stablishment of the stablishment oped or (emplosement)	dustry in oyer)		l boy	
(the bit was a second	a) Trade, 1 articular k b) General usiness, or hich emplo IRTHPLAC (State or 10 NAME FATHE	or of ession or ind of work nature of ind establishment opyed or (emplosement)  OF R PLACE	Un	rrand	l boy	
(a property (b) w	a) Trade, 1 articular k b) General usiness, or hich emplo IRTHPLAC (State or 10 NAME FATHE	or of country)  OF R  PLACE THER Or COUNTRY)  EN NAME	Un Un	rrand rgini	l boy	

MEDICAL CERTIFICATE	OF DEATH
DATE OF DEATH	, 192.30
	(Year)
7 I HEREBY CERTIFY, That I att	
Feb. 17th 1927. to Ju	19200,
hat I last saw h im alive on July	
nd that death occurred on the date stated	above, at 7: 55h . m.
he CAUSE OF DEATH * was as follows:	
acute interstitia	l menhritis
2 2 4 2 2 4 4 4 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0.040.400.404.40.404.404.404.404.404.40
	2
(Duration)	yrs mosds.
Contributory Chienic enece	rditis
Secondary	531)
(Durayon)	misson
Signed	M. D.
July 10 192 30(Address) Crown	sville, Må.
*State the Disease Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
B LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans
ients or Recent Residents)	
of death 3 yrs. 4 mos. 23 ds. In the	te
Where was disease contracted, not at place of death?	
ormer or sual residence Baltimore Gity.	Mary Land
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hosph Cem.	7-12-120
	ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

cases, Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, er," ctc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEARE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed. as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary, to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, or Al Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) persons en-The ques-Grocery;

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhrid fever (never report "Typhvid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic valundar heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease

PLACE OF	DEATH	
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### STATE OF MARYLAND CERTIFICATE OF DEATH

742

Registration Dist. No.

Trud.

Pus	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
Rus	16 DATE OF DEATH Oclober (Month)	/
	17 I HEREBY CERTIFY, That I atte	
ear)	that I last saw here alive on Och	17 14 1950
than hrs.	and that death occurad on the date stated a The CAUSE OF DEATH * was as follows:	bova, atm.
min.?	Cerebral M	Europhan
4	Centributery (Duration)  Contributery (Duration)  (Signed)	yrsde,
	*State the Discase Causing Death, Violent Causes, state (1) Means of Injunctional, Suicidal or Homicidal.	- Der &
>	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
	Where was disease contracted,	yrsds,
	if not at place of death?	
	Triendshy Md	DATE OF BURIAL
aı	20 UNDERTAKER	Elendship

PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MADRIED, WIDOWED.	Per en
3 SEX 4 COLOR OR RACE 5 SIRGLE,	en
MARRIED,	end
Mout Spiverce (Write the word)	
6 DATE OF BIRTH	
(Month) (Day)	Sq S
	SS than hrs. min.?
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Mekeryland  10 NAME OF FATHER SULF HUMEN	
OF FATHER  Z (State or country)  Macy gard	
of MOTHER Many Jane Wood	>
13 BIRTHPLACE OF MOTHER (State or country)	
(Informant)	

Registr

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Address)

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### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Vom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager." "Feal-Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a first line will be sufficient, e.g., Former or Planter, etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation But in many Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite syncnym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the big Lobar pneumonia. spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid ferer (never report "Typhoid Pneumonia");
Lobar pneumonia. Bronchopneumonia ("Pneumonia"); Bronchopneumonia ("Pneumonia

> "Exhaustion," "Heart Iniume,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Iraamia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (discuse "Debility" ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., tclanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -- homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom causing Whooping cough; use of "Tumor" for malignant neoplasms); Measles; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepals, American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, or intercurrent) Committee on Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. affection need Nomenclature The contributory not

ans creed in defail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate in It this certificate is looked over thoroughly and all questions

permanently filed.

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statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH County Comma armalel	0135 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jan Cove (No. Beach 2FULL NAME Ams Minnie of	Registration Dist, No.  Road St.: Ward)  Ocean St.: Ward)  Consider the street and street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale A COLOR OR RACE SINGLE, MARRIED, Vidaw OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  2 2  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 14, 1930 that I last saw h Malive on Jan 1940
7 AGE 6 9 yrs. 11 mos. 2 3 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at SSP m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or formula to particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Julia Stangers  and Reguration yes mos de
9 BIRTHPLACE (State or country) Germany  1D NAME OF FATHER Harry Rinflesh	(Signed) John Madress M. D. Market Burner
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disesse Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tenner  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER GRAPH COUNTRY)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informative John & Paesch	Where was disease contracted, if not at place of des.h?  Former or usual residence
(Address) /306 & Lexing In St	May May Cometry Jan 17, 1930
Filed / 6 1923 Para Registrar Registrar	John F Denny 415 Light St

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homelcide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," Chronic etc. valvular heart The contributory disease;

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V. S. No. 1

PLACE OF DEATH  County A. A. Go.	0136 STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist, No. 77
Village or City Sambrille (No. 29)	Mard)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Manual	16 DATE OF DEATH   8 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Oct. 16 (Month) (Day) (Year)	that I last saw h & alive on Jaury 18, 1930,
7 AGE 63 yrs. 3 mos. 2 ds. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry	O'Edema of hungs
business, or establishment in which employed or (employer)	Contributory Christian Mystardises
9 BIRTHPLACE (State or country) leeho Slovaki	Secondary (Duration) yra 3 mos. ds.
10 NAME OF Thomas Hrach	(Signed) 1920 (Address) M. D.
OF FATHER (State or country) lecho flovale	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER unknown	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients c Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deat yramosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Jacob Pakony	usual residence
(Address) Gambrill a. a. C.	Accord Neurts Conneter Jan 22, 1920
Filed An 19 1920 N. L. Jones Registrar	20 ON DERTAKER  20 ON DERTAKER  403 8 Wood St  120 ON DERTAKER  403 8 Wood St  120 ON DERTAKER
If more blanks are needed, address State Registral	r, 16 W. Saratogo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womcases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Chronic etc. The contributory valvular heart ," "Convulsions,

PHYSIstated EXACTLY, P properly classified. be stated pe on back ehould may structions that CE 80 peliddus n terms be carefully EATH in plai information should state CAUSE OF DICCUPATION IS very Every Item of inform CIANS should state statement of OCCUP.

ARENT

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PLACE OF DEATH County Anne Arundel Md Village or City Benfield 2FULL NAME Michael A. Portaszk 3 SEX 4 COLOR OR RACE Male White

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

<sup>2</sup> FULL NAME Michael A. Portaszkiev	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Single (Write the word)	16 DATE OF DEATH (S. 6) - 3 50, 1980 9.25-30 (Month) (Day) (Year)
Feburary 26th , 1913 (Month) (Day) (Year)	17 S HEREBY CERTIFY, That I attended the deceased from Sept. 30, 1956 that I last saw ham alive on 8 200. 500, 1956
If LESS than I day	and that death occurred on the date stated above, at 7-30 Pm. The CAUSE OF DEATH * was as follows:
Trade, profession or reticular kind of work Farming  General nature of industry siness, or establishment in the hich employed or (employer) Fathers Farm  RTHPLACE (State or country) Baltimore, Maryland.  10 NAME OF FATHER Stanislaw A. Portaszkiewicz of FATHER Baltimore, Maryland.  11 BIRTHPLACE (State or country) Baltimore, Maryland.	(Duration) yrs mos ds.  Contributory Secondary  (Duration) yrs mos ds.  (Signed) A M. D. M
OF MOTHER Anna Kunieczna  13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Maryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Stanislaw A. Portaszkiewicz  (Address Glenburnie, Md.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  St.Stanislaus Cemetery Sept, 29th30
2 ( D) 2 ( D) 1 ( D)	20 UNDERTAKER ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. MARRIED. WIDOWED OR DIVORCEDSing 6 DATE OF BIRTH 26th Feburary (Month) (Day) (Yes 7 AGE IIFLESS 1 day OCCUPATION a) Trade, profession or Farming sparticular kind of work (b) General nature of industry business, or establishment in Fathers Farm which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore, Maryland. 10 NAME OF Stanislaw A. Portaszkiewi 11 BIRTHPLACE Baltimore, Maryland. OF FATHER (State or country) 12 MAIDEN NAME Anna Kunieczna OF MOTHER

If more banks are needed, address tate Registrar, 16 W. Saktoga St., Balto., Requesting V. S. No. 1.

(No.

No rd.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Collon mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the

	PLACE OF DEATH County	01326 STATE OF MARY
		Registration Dist. No.
Ticate.	Village or City Unnapoles (No. Emerge	gency frequency (If de a hos tion, stead numb
Lec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DE
Dack of	Make . Color of RACE SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Hyb. 26  Hyb. 26 (Prumonth) (Day)
ons on i	(Mondy) (Day) (Year)	that I last saw h Manalive on H M. W.
nstructi	7 AGE  26 yrs. 6 mos. 4 ds or min.?	and that death occurred on the date stated above, and the CAUSE OF DEATH was as follows:
rant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Janline store explode Jalene where the was will
Lod III	9 BIRTHPLACE (State or country)	Contributory Secondary (Meditoriation)  yre
& very	10 NAME OF FATHER TUCKANOL POTTOR	(Signed)/ fallet Juillisting
2	OF FATHER  Z (State or country)  12 MAIDEN NAME	*State the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
4	OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER	18 LUNGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)  At place of deathyrs
5	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?  Former or usual residences 14 Such P Insulately
in the latest and the	(Address) Unnapoles, mq.	19 PLACE OF RILL OR FRANÇUAL DAT
۵	15 File V 26 1923 2 Jray 6 C. Joja Tud	6 has Theps & 34
	If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH 71 Desistantian Dist N

(Special Conford)	
*************************************	

MEDICAL CERTIFICATE OF DEATH	
11 7/ 196	(Year)
17 I HEREBY CERTIFY, That I attended the dece	
that I last saw h Caralive on # 18. The	1923mm
The CAMSE OF DEATH # was as follows:	15 9 m
Separed alger hims from	<u></u>
Jambine store exploded a	
I Store where the was unloused	28 ds.
Contributory Socondary  Couly Mulburation)  The property of the contribution of the co	3 ds.
(Signed)/ [ Mell Flugliscop (Address) Undapples (	M. D.
*State the I is ase Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	s from Whether
18 LUNGTH OF RUSIDENCE (For Hospitals, Institution ients or Recent Residents)	ns, Trans
At place of deathyrs. 3_mos. 2_de. In the Stateyrsn	108ds.
Where was disease contracted, if not at place of dea h?	1-00
Former or usual residence 14 Duke A Gloucestee &	L- lety
19 PLACE OF THE OR HE MOVAL DATE OF B	URIAL

No. 1 92

N. B

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 07 yrs). Farm laborer, Laborer-Coal mine, etc. At Ilome, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease "E haustion," -"Heart failure," "Haemorrhage, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature "Atrophy," "Collapse," "Coma, cough; Chronic "Senile," etc.), "Dropsy, etc. valvular heart The contributory " "Convulsions, disease;

m

PLAC	E OF	DEATH	
County	Ann	e Arundel	

### STATE OF MARYLAND CERTIFICATE OF DEATH 05216

74-0

DI Registration Dist No

Village or City Rock Point 2FULL NAME Stephe		St.: War	46.1 .1
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male negro or	GLE, RRIED, DOWED, DIVORCED WIGOWE ite the word)	16 DATE OF DEATH May (Month)	
6 DATE OF BIRTH  Unknown  (Month)	(Day) (Year)	17 I HEREBY CERTIFY, That I a	ttended the deceased from
about 70 yrs. mos.	I day hrs.	and that death occurred on the date state The CAUSE OF DEATH * was as follows: Cerebral hæmorrhage	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  110 NAME OF	ing	Secondary (Duration)	vrs. mos ds.
FATHER  11 BIRTHPLACE OF FATHER T C (State or country)	·	*State the Disease Causing Deat Violent Causea, state (1) Meana of Accidental, Suicidal or Homicidal.	or. in deaths from
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)		18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)  At place of deathyrsmosds.	ne ateyrsds.
(Address) P.O. Pasaden	a, Md.	if not at place of death?  Former or usual residence	DATE OF BURIAL
15 Filed May 17 19230 2.4	Registrar	J. Toadvin	Baltimore

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, For many occupations a single word or term on Or yrs). Farm laborer, At without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronicetc. The valvular heart disease; contributory Measles;

	PLACE OF DEATH  County A. A. Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.3
ncate.	Village or City Siverna Park Ma 2FULL NAME Grorge R. Bran	whattau Bracks Ward)  Ward)  (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
ert.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of c	Male White Single, Married, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF GEATH
no suoi	Tune 26 to 1869) (Month) (Day) (Year)	that I last saw have alive on the last saw have
instruct	7 AGE  6 8 yrs. 0 mos. 14 ds. or min.?	and that death occurred to the other statedabove, at 5, 300 m. The CAUSE OF DEATH Trainer follows:
rtant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos. ds.
y impo	9 BIRTHPLACE (State or country)  Now York	Contributory Secondary (Duration) yrs
A is very	FATHER William Pray  11 BIRTHPLACE OF FATHER (State or country)  New Mork	(Signed)
PATIO	12 MAIDEN NAME OF MOTHER  MUKNOWU	Acidental, Suicidel or Homicidal.  10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	At place of deathmosds. In the Stateyrsmosds.  Where was disease contracted, if not at place of death?
tatement of	(Address) 300 Thackery ave	Former of usual residence Date of BURIAL OR REMOVAL DATE OF BURIAL
sta	15 Filed rely / \$ 1923 Jung & Cinques	20-UN DERTAKER Out /217 Street 127 Street 13 W. Saratoga St., Balto., Lequesting V. S. 100. 1.
	If more blanks are needed, addre s tate Negistra	1) AV 111 DANITOGU 2017

(Approved by U. S. Census and American Fublican Health Association.)

should be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spiner, (b) Collon mill; (a) Salesman, \*(b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, "etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womath home, who are engaged in the duties of the For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer, As examples: (a) But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ess important. Example: Measles (disease "Congenital," "Senile," etc.), "Drcpsy,",
""Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

PHYSI-

PLACE OF DEATH  County a way  Village or City Paul Bay, (No.	STATE OF M CERTIFICATE  Registration I
2 FULL NAME Omildred.	. Pulley
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
Yenrel White Single, Married, Widowed, Wildowed, (Write the word)	16 DATE OF DEATH /3/14/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte
(Month) (Day) (Yest)	that I last saw have alive on / 2/
7 AGE    If LESS than   day hrs.   day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 BIRTHPLACE OF MOTHER (State or Country) 15 SALES  16 MOTHER (State or Country) 17 SALES  18 SIRTHPLACE OF MOTHER (State or Country) 18 SIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary  (Duration)  (Signed)
(Informant)  (Address) Por Boy Ord  (Address) 10337	Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	Pully (If death occurred is a hospital or institution, give its NAME is stead of street an number.)	11 - n -
	MEDICAL CERTIFICATE OF DEATH	=
	16 DATE OF DEATH /9/14/30, 192	_
- 1	(Month) (Day) (Year)	
-	17 I HEREBY CERTIFY, That I attended the deceased from	
	that I last saw hamalive on 12/14, 1923	٢,
1	and that death occurred on the date stated above, at	1,
	The CAUSE OF DEATH * was as follows:	
	Juliscular	_
	muntites.	-
	(Duration) Jyre mos 3 de	в,
	Contributory Secondary	-
	(Duration)d	
	(Signed) & Min Allegande M. I	). _
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran	E-
	At place in the of death yrs mos ds. State yrs dds.	R.
	Where was disease contracted, if not at place of death?	
	Former or usus residence.	,
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	_
	Penney Grove Dec /7, 190	0.1140
1	20 UN DERTAKER ADDRESS Conneladed	-
	(8) to the lateral	

V. S. No. 1

m

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. or given up on account of the DISEASE GAUSING DEATH, state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocbusine , that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of work, household only (not paid Housekeepers who receive a laborer, Physician, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Woin-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer, (b) persons en-The ques-Grocery

spinal meningitis"); Diphtheria avoid use of "Croup ed term for the same disease. Examples: Cerebrospin to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the are-Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebiopneumonia, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of approved by iciahus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Hacmorrhage," atie), stated unless important. Example: Measles (disease carbolic acid--probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or misearriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of hings, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease (secondar: or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy" "Collapse," "Conna," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock, Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all quistions dutly filed

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Exact

14626

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	CERTIFICATE OF BEATTI
	Registration Dist. No.
Village or City / V. Mang ands	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME 0/3 aly / w	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, Fringle	16 DATE OF DEATH LEC 5, 19230
Funda (Write the word)	(Month) (Day) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
fre 5 1930	, 192, 192,
(Month) (Dsy) (Yesr)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	ho flyncian
(a) Trade, profession or particular kind of work	full born (Primatine)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmosds,
9 BIRTHPLACE	Contributory Secondary
(State or country) T. han ganta huf	(Durstion) yrs mosde.
10 NAME OF FATHER Miley Pulley	(Signed) from L. M. D.
OF FATHER	Couries Double of in double from
Z (State or country) C. G. S. M.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bachel Pulley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) a. G. Co. Mars	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
R. 1.0 0 00.	Former or usual residence
(Informant) / Laure / mercy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) N. Mangarila	Family Court. fre 6, 1930
15 Filed Inc 6 1930 Jungle C. for a legestrar	Dul Pully N. Mas yauts
	r, 16 W. Saratoga St., Balto., Pequesting V. S. No. 1.

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic vawww. Always qualify all

PLACE OF DEATH	07636 STATE OF MARYLAND
County Chance arundel	CERTIFICATE OF DEATH
amorrolio Junction Hos	Tankt Francisco Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Televier Single, Married, Widowed. OR DIVORCED (Writs the word)	16 DATE OF DEATH LLLY 2-2 , 1930
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  **Long   7   1980 to July 2   , 1982 that I last saw h Walive on 9   1984
7 AGE  9 yrs. 9 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work	Daisey.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Kast Elastion
9 BIRTHPLACE (State or country) Destrict of Colymbia	Secondary (Durstion) mos. 2 ds.
10 NAME OF FATHER Nathan Puzzin	(Signed) Promot S Joseph M. D. July 22 1980 (Address Country lie Julion
Coffather (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Webbas. Mua.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place 2 yrs 5 mos. 4 ds. In the State 2 yrs 5 mos 4 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Washington have if not at place of death?
(Informant) nathan Pugru	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 27/3 mordly Post i hack of	Track 1. a. Jung 27, 1970
Filed Lele 22 1980 Blass M. Harshall	Bernard Dampansky Wash, DC
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory affection valvular heart Nomenclature of the need not be disease;

7. S. No. 1

	PLACE OF DEATH	07637 STATE OF MARYLAND
Co	ounty. U - W	CERTIFICATE OF DEATH
		(10)
1	0 100 110 7	Registration Dist. No. 21
Villag	ge or City Comafrons (No. 74 )	CESS St.: Ward) (If death occurred in
	\$ 100	tion, give its NAME is -
	2FULE NAME OF FUNCIS IN	Etc. stead of street and number.)
-	PEDCONAL AND STATISTICAL PARTICULARS	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	MARRIED.	16 DATE OF DEATH
1	widowed. Augle	197
= 2	TE OF BIRTH	(Month) (Day) (Year)
O DA	0.00 90	17 HEREBY CERTIFY, That Ottended the deceased from
	My 21, 1913	1 1 1 1 1 1 1 1 1
	(Month) (Day) (Year)	that I last saw hor alive on 1923
7 AGE	The state of the s	
	/7 yrs. / 0 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
9.000	CUPATION A A	
(a)	Trade, profession or	7//Mocardus
A City	The state of the s	
	General nature of industry iness, or establishment in	(0.1.4
whi	ch employed or (employer)	Dirang yre mos de,
	State or country)	Contributory Secondary
	Minapicho Mid	(Duration) you mos ds.
10	NAME OF THE	(Signal V. Kurrell M. D.
	pull fullen	10+24 192 O(Address) Salkar Ms
U)	OF FATHER	*State the Disease Causing Death, or, in deaths from
ENT -	(State or country) Willofe this Wo	Violent Causes, state (1) Means of Injury and (2) Whener Accidental, Sulcidal or Homicidal.
₩ 12	OF MOTHER	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	Human ofreggs	ients or Recent Residents)
13	B BIRTHPLACE OF MOTHER	At place In the
- I	(State or Country) Chilly Was Mad	of death
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Jona Hall	Former or usual residence
1	Informant) / 0 VCC / CCC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Y A ALERI	Fronters Cent 7 3. 1980
15	(103 50 7 10 8 9	20 UNDERTAKER ADDRESS
Fi	led Til 3 1923 D frey 6 C. fr. in Me	e of B. Yanks - 47 hard
		Collination of the magin
	if more Dianks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the husiness or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic," etc., when a definite disease Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

V. S. No. 1

	PLACE OF DEATH	08922 STATE OF MARYLAND			
	County 4	CERTIFICATE OF DEATH			
	0. 10 1000	Registration Dist. No. 24			
1	Village or City Christotts (No. 180	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and			
	2FUEL NAME SUNC STATEM	number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH LILLY 12 , 1980			
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
	unknown, 1	152/2/2 to (152/2), 192/2.			
	(Month) (Day) (Year) 7 AGE [IfLESS than	that I lest saw h lessive on My M, 192M,			
	l day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:			
	<u>γ yrs. — ds. or min.</u>	Esteroclosio Cardo Vasculus			
1	(a) Trade, profession or Demission or particular kind of work	Deec			
1	(b) General nature of industry business, or establishment in				
0	which employed or (employer)	(Duration) we mos de.			
	9 BIRTHPLACE (State or country) amaloho Ind.	Contributory Secondary  A (Duration) yrs mos ds.			
	1D NAME OF Williams	(Signed) M. D.			
	State or country) Q-Q CO Ind,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether			
	of MOTHER Mancy Williams	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
	13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?			
	E. H. B. Carles	Former or usual residence M Culum (Em) Ball-			
	(Address) Y Washington (9)	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL			
	15 Filedery 13 1930 fray 6 C. fr co Ma	20 UNDERTAKER ADDRESS EHBParker UTWorkington			
	If more blank are needed, address State Registrar	, 16 W. Saretoga St., Balto., Requesting V. S. Ao. 1.			
13		Dr anderte Book			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerébrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

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PARENTS

(State or Country)

(Address)

(Informant)

	OF DEATH Anne Art	un de	1		0	4773 <b>T</b>
llage or City	<del>гістійгі</del> я осырасын өз 1 а <del>тете</del> 6-0-а ағ	Gro	wnstrill	e	Stat <u>e H</u>	ospital
2FUL	L NAME		Joseph	Q	ueen	rhmeacaus: 2000n; ; demogaan;
PERSON	AL AND STA	ATISTI				
Male	4 COLOR OR black	RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORO (Write the w		known	16 DATE OF
DATE OF BIRT	н	unk	nown		, 1873	Octobe
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State or cou	atry)	Mar y	land			Contribut
10 NAME OF	-	Jnkno	own			(Signed)
OF FATHE (State or	R [	Inkno	own			*State Violent C
12 MAIDEN OF MOTH		Unkı	no wn			Accidental
13 BIRTHPL		TT 7				At place 7 4

Unknown

Hospital Records

If more branks are needed, address State Registrat

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[OSPITEL St: Ward	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
April 29th	
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
October 27 1915 to Apr	
that I last saw h im alive on April	29 , 192 30
and that death occurred on the date states	above, at 6: 30A. m.
The CAUSE OF DEATH * was as follows:	
General Arterioscleros	is
***************************************	) add annual communication and annual
F F 4 1 47 5	
71	~ \_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	nknown mos ds.
Contributory Senility	
	nkowown mos di
INRY IVM	Paredem. D.
(Signed)	
Apr. 29 192 QAddress) Growns	ville, Md.
*State the Discase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	
ients or Recent Residents)	
At place 14yrs 6 mos. 2 ds. In the Sta	te Tref thee de.
Where was disease contracted, if not at place of dea.h?	
Former or Baltimore Gity	, Mary land
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hospital Cemetery	5-1- , 19
20 UNDERTAKER	ADDRESS
Dr. P. Wewlerote off	waterburg -
. 16 W. Saratoga St., Balto., Requesting V.	S No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-, setc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

VRITE ANLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	'item of information should be carefully supplied. ACE should be stated EXACTIS should state CAUSE OF DEATH in plain terms so that it may be properly classiment of OCCUPATION is very important. See instructions on back of certificate.
T CORI	operly
NEN	be st
ERMA	hould t may
SAP	ACE s that i
HIS 18	ms so
VKT	y suppainter
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PLACE OF DEATH  County Anne Arundel  Village or City nr. Earleigh Hwights	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2I  St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and st
<sup>2</sup> FULL NAME Robert Z. Queen	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	September 9 , 1930 (Month) (Day) (549)
July 3, 1930  (Month) (Day) (Year)  7 AGE    If LESS th   day h   or mir	and that death occurred on the date stated above, et
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos. I.ds.  Contributory Acute rhinitis & sinusitis
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Arnett Queen  11 BIRTHPLACE OF FATHER  C (State or country)  Md 12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	The LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Farleich Heinhte Wi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

Mary Parker

ADDRESS

Baltimore

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "('Exhaustion,') "('Heart Immure, ')" "('Inanition,')" "('Marasmus,')" "('Old Age,')" "Shock,')" "('Uraemia,')" "(Weakness,')" etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ielanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH	02567 STATE OF MARYLAND
County Cl · Co · Co	CERTIFICATE OF DEATH
1.61	Registration Dist. No. 24
Village or City (Mapoles (No. 8)  2FULL NAME Stephen Que	St.: Ward) (If death occurred In a hospital or institution, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH . 3 1993
6 DATE OF BIRTH  fluknow, 1 unle	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 7/5,
7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
53 yrs. Uno Lor min'?	A A A A A A A A A A A A A A A A A A A
(a) Trade, profession or particular kind of work	Coralyons
(b) General nature of industry business, or establishment in	/D - 1 )
which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) U. U. Co	Centributory Secondary (Duration) yts. mos. ds.
10 NAME OF Slephen Queen	(Signed) (Signed) (Address) M. D.
0 II BIRTHPLACE	
C (State or country)	Visite the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) U - U- W-	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) / Coming (Quegn	usual res.dence
1) (Address) 8/ayfor Street	Bew Hell Cent 3-19, 1930
15 Filedharch 19 49232 Joseph C. Joseph Wall	Gras Efichs for Comophis
If more blanks are needed, address Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to e:eh and every person, irrespective cf fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at bome, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia eerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intereurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

V. S. No. 1

PLACE OF DEATH	01327 STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
/	Registration Dist. No.
Village or City Annapolis (No. Emer)	Plany Hopeles Wand (If death occurred in
2	tion, give its NAME in-
2FULL NAME Eleno QUISMORIO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MATTIED WIDOWED.  OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH February 10 , 19230.
FILIPINO (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
August 10 , 1897	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS the	
32 yrs. 6 mos. 0 ds. or min	
OCCUPATION	lar x. W BY A local
(a) Trade, profession or Mess Attendant,	
(b) General nature of industry first class,	
business, or establishment in U. S. NAVY.	(Duration)yis,mosds.
9 BIRTHPLACE (State or country) Sta. Gurz, Ilcos Sur, P.I.	Contributory Secondary
10 NAME OF	Duration) Treammos mos des
father Unknown	Le Lille Ol Amil See W
0 II BIRTHPLACE OF FATHER IInknown	74 1930 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME 4 OF MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Unknown	At place In the U.S. NAVY, of death yrs mos. ds.
(State or Country)	Where was disease contracted, Rail
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 18 Ermita St. Manile D T
(Informant) // O/al Hospital	usual residence
(Address) annapolis Orde	mare Island, cold Feb 15, 1936
15 Filed 8 1 14 197 80 France & 25	ADDRESS ADDRESS
Registrar	19 y Walshind annihour
If more branks are needed, address State Registr	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

1 <sub>Pl</sub>	LACE OF DEATH			05217	STATE OF	MARYLAND
Count	Anne Arunde	1			CERTIFICATE	
/				129	Registration	Dist. No. 21
Village o	r City Crownsv	ille State	Hospita	1	St.: Ward	tion, give its NAME
	2FULL NAME.	George	Ramsay			stead of street a number.)
PE	RSONAL AND STATE	STICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
s sex male	4 color or RAG	MARRIED, WIDOWED, OR DIVORCE	D	16 DATE OF DEATH		, 192.30
6 DATE C	S CIPTU	(Write the word	d)		(Month)	(Year)(Day) (Year).
DAIEC		nknown	1869	March 18th		12 th , 192
	(Mor		(Year)	that I last saw h in	n alive on May	12th , 1923
7 AGE			If LESS than I dayhrs.	The CAUSE OF DEAT	TH * was as follows:	d above, at
8 OCCUP	61 yrs. U	nkmown d	s. ormin.?	Chronic ]	Interstitial	Nephritis
particul (b) Gen business which e	de, profession or ar kind of work			Contributory	(Duration) 1	y <sub>18</sub> 6 mos
9 BIRTHE (State	or country) Maryl	and		Secondary	(Duration) 12	yes. Inos.
	AME OF	lliam Rams	ау	(Signed May 12 192	30 <sub>(Address)</sub> Crowns	Wille Md.
F OF	RTHPLACE FATHER State or country)	ryland			isease Causing Death, ate (1) Means of In	or, in deaths from njury and (2) Whether
12 M	MOTHER Eliza	Elizabeth Christy			SIDENCE (For Hospi	itals, Institutions, Tra
13 BI OF	RTHPLACE MOTHER State or Country)	Marylan	d	At place 19 1 of death 19 yrs 1	nos. 24 ds. In the	Lifetime
(1)	BOVE IS TRUE TO THE B			Where was disease cont if not at place of dear Former or usual residence Hari	ford County,	Maryland
(Informant) Hospital Records Crownsville, Maryland			19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  S/S/30 19			
Filed	May 192 C	80079	Registrar	20 UMDERTAKER	lerote Suff	Walesbury
			64 . D . 1	- 16 W. Saratoga St.	Balto Requesting V.	S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, whatever, write None. tired to yes). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Houseword, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material 10 engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Know (b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Coal minc, etc. person, irrespective of Locomotive not gainfully em-9 engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul fever the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia "Pneumonia,"

> Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably saucide. The n ture of the injury. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondar, or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature contributory

N. B.-

V. S. No. 1

Z	(	PHYSI-
	CORD	d EXACTLY, srly classified tifficate.
BINDING	WRITE I LINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
D FOR	IS IS A	ied. ACE
MARGIN RESERVED FOR BINDING	G INKTH	efully suppli in piain term tant. See in
MARGIN	H UNFADIN	OF DEATH s very impor
	LY, WIT	mation sle CAUSE
1	E CIN	ouid state
-	-WRIT	Every iten CIANS sh statement

PLACE OF DEATH  County Anne Arundel  Village or City Carvel Beach (No		08923 STATE OF MARYLAND CERTIFICATE OF DEAT		
		(170) Regi	istration Dist. No. 2	I
		St.: Ward) (if death occurred a hospital or institution, give its NAME in the stead of a street as		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH	
3 S	ale white Single, married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Augus	t IO ,	
6 D	January 26 (Nonth) (Day)		That I attended the dec	, 192
7 A		and that death occurred on the d The CAUSE OF DEATH * was as f Gunshot wound of	ate stated above, at	# / m
) bu	rticular kind of work Auto Mechanic ) General nature of industry Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  Arkansas  10 NAME OF	Contributory Secondary (Dura	On) Zego	
ENTS	FATHER George Randall  II BIRTHPLACE  OF FATHER  (State or country)  Arkansas	*State the Disease Causin Violent Causes, state (1) Mea Accidental, Suicidal or Homicidal.	Pasadena, M	d
PAR	12 MAIDEN NAME OF MOTHER UNKNOWN  13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (Former of	or Hospitals, Instituti	1 3
(	(Informant) Mrs. Bertha E. Randall (Address) Glyndon, Md.	19 PLACE OF BURIAL OR REMOV  Druid Ridge Cemet 20 UNDERTAKER		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condietc. The contributory Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, fractionage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping "Uraemia, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature Measles ; not disease;

	61329
PLACE OF DEATH	STATE OF MARYLAND
County a Ci	S CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Chunapolis (No. Comerge 2FULL NAME Beely Rawe	tion size the NAME i.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 15 , 1980 (Month) (Day) (Year)
G DATE OF BIRTH  Fely 15 (L)  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from File 15 1930 to Felo 15, 1930, that I last saw her slive on Felo 15, 1930,
7 AGE   If LESS than   1 day hrs.   ds.   or min.?	and that death occurred on the date stated above, at 2020, m, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. Inos. A.ds.
9 BIRTHPLACE (State or country) Annapoles ryd-	Contributory Secondary Secondary Durgion) yrs. S. mos. ds.
10 NAME OF Clifton & Rawling	(Signed) J. Willia Maline J. M. D. 1980 (Address) Prince Description MG
OF FATHER  (State or country) Q Q Co redd.	*State the Discase Causing Death, or In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Bessie E. Ball	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country) a. Q. Co. Muld.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usus! residence.
(Address) Gastfort Q. Q. Co Myd,	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL LANGE 19. 1930
15 Filed # 18 1923 D Jay 4 C In a The	20 UNDERTAKER ADDRESS ADDRESS ADDRESS

If more bianks are needed, address tate Registrar 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write Nonc. rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Compositor, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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1PLACE OF DEATH	STATE OF MARYLAND
County G G	CERTIFICATE OF DEATH
Village or City Unicholis (No. 6 mulge	Registration Dist. No.
Village or City Churcholis (No. C murge) 2FULE NAME Buby Pawe	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Mule Whole WIDOWED. Our He OR ON ONCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
fely 19 - , 1930	1980 to Feb 3, 1980
(Month) (Day) (Year)  7 AGE (If L.F.S.S than	and that death occurred on the date stated shove at 29.
7 AGE U [If LESS than   I dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * *as as follows:
yrsds. ormin.?	acute nephrotis
B OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) A vrs. mos A de.
which employed or (employer)	Contributory Premature Pabar
9 BIRTHPLACE (State or country) Churcholis Uff.	Secondary (Duration) yrs 5 mos ds
10 NAME OF ON - O	(Signed) & g. (n) ellis Martin M. D.
11 BIRTHPLACE	2/18 1980(Address) Annapolis mo
(State or country) G. Q. Co. Uyd.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Vijury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bessie E. Ball	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Q. Q. lo. 24d	At place of deathyrsmosds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Cliston & Rawlings	Former or usual residence
16. TACOMA 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Galfort 496 Md.	Chrupoli Yeck Tely 19, 1930
Filed \$1/8 19230 france fra The	John M. Laylor amapolis
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 0.

(Approved by U. S. Census and American Public Health Association.)

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carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puenperal septicaemia," "Puenperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic ," etc., when a definite disease etc. affection need valvular heart Nomenclature of the The contributory not be disease;

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

deaths from

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Corcinoma, Sarcomu,, etc., of approved by Committee on accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic etc. valvular heart Nomenclature The contributory Messles ;

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	RD	2 : 10
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PLACE OF DEATH

County Anne Arunde

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Crownsville SN6.0e Hospital

Ward)

(If death occurred in a hospital or institu-

	2F(	JLL NAME	Mary	Reed		tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS			ICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED OR DIVORCED (Write the word)		1	16 DATE OF DEATH  August 23rd			
6 DATE OF BIRTH  unknoon , 1 850  (Month) (Day) (Year)			) (Yea	r)	I HEREBY CERTIFY, That I attended the deceased from August 1st 19230 to August 23, 192 30 that I last saw h eralive on August 23rd 19230	
7	AGE	80? yrs. unknj	own	If LESS to l day m	hrs.	and that death occurred on the date stated above, at 5: 30A em. The CAUSE OF DEATH * was as follows: Cerebral Hemorrhage
O F	b) General business, or	ountry) Ma:	Unknown ryland			Contributory Secondary  Dynamon unknown ds.  Signad)
ENTS		CLACE HER Or country) UNKNOW				*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  UNKNOWN			IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. In the State Lifetime ds.			
14	(Informati	Hospital Red	cords			Where was disease contracted, if not at place of death?  Former or usual residence Beltinore, Meryland  19 PLACE OF BURIAL OR REMOVAL  Process Suchery Central  Reltinore, Md. Aug. 26, 19 30  20 UNDERTAKER  ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomobie engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Screant, Cook, work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealcases, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Woin-(b) Cotton mill; (a) Sulesman. without more precise specification as Day For persons who have no occupation single word or term on (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te in for the same disease. Examples: ("erebrospinal fevor "the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Mary Reed
Balting City
Admitted Aug. 1, 1930
Died August 23rd, 1930

"(Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Puerperal septionemia," "Puerperal peritonitis," etc. (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi

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P SN S D

1PLACE OF DEATH	CTITE OF MIDWIND
6	08925 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
10.111	Registration Dist. No.
Village or City anapole (No. 6/ W. 2FULL NAME alrieda,	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 A HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on and 30, 1980,
7 AGE IIf LESS than	and that death occurred on the date stated above, at
10 yrs	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or House Wock	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs G mos ds.
9 BIRTHPLACE (State or country) as a co. On	Contributory Secondary (Duration) Trumany (Duration) Trumany de.
10 NAME OF FATHER Show Riegle	(Signed) & Willis martin M. D.
OF FATHER (State or country) Pennylvania.	*State the Disease Causing Death, , in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary ann Ogle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) England	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Sabelle Brewer	Former or usual residence
(Address) annapolis M	Druid Mage Sep 2, 19
Filed full 1923 of Freguerar	Hopping am spolis
If more bianks are needed, addre-s State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-".etc., without more precise specification as Day Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Womnot gainfully em-(b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular heart disease; not be

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING K FOR IS WITH UNFADING INK--THIS RESERVED MARGIN NLY,

V. S. No. 1

N. B.

PLACE OF DEATH	62568
PLACE OF DEATH	STATE OF MARYLAND
Countilina annual	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Lollican (No.	St.: Ward) (If death occurred in
7	A d street and
2FULL NAME Trung	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	March 29, 1950
(Write the word wyre	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
angust 00 1803	192 to March 24 , 1970.
/ (Month) (Day) (Year)	that I last saw her alive on March 1920,
7 AGE If LESS than	and that death occurred on the date stated above, at
76 yrs. 2 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	The Contract of the same
(a) Trade, profession or	
particular kind of work (b) General nature of industry	***************************************
business, or establishment in	(Duration)yrs,mos,ds,
which employed or (employer)	Contributory May May
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Duration) yrs mos ds,
FATHER 3 110. 1 Troll	(Signed) M. D.
11 BIRTHPLACE	March 30 1920 (Address) Oral Gur Me
C OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C (State or country)  12 MAIDEN NAME / WAS O	Accidental, Suicidal or Homicidal.
of MOTHER Zung, P. Jundell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country).	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0/0/0	Former or usual residence.
(Informant) John Clayfor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Harwood rud	Chart Charch Center March 2+ 2
24 20 10 4-	20 UNDERTAKER ADDRESS
15 Filed 3/3/ 1920 /V.M. Clayfor	1 Jan TIMEN IN R au

If more bianks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. laborer, etc., Foreman, to know or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm loborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) (a) the kind of work and also (b) the Automobile factory. The material Coul mine, etc. person, irrespective of (b) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (mcrely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitiol nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by. cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be Committee on Chronic valvulor heart disease; etc. The Nomenclature Always qualify all contributory

PLACE OF DEATH	00888 STATE OF MARYLAND
County Imma Urun del	STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	
Hen burner Co	Hall Registration Dist. No. 23
Village or City My Wille (No. Drawn	Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stend of street and
2FULL NAME UMUY / ) EV	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, MODIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 3 , 1936
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Fest 10 1861	1928 to lan 3 , 192, 5,
(Month) (Day) (Year)	that I last saw h alive on Sas 2 2
7 AGE IFLESS than	
68 yrs. 3 mos. 2/ ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housework  particular kind of work	Chronic Myocardeles.
(b) General nature of industry	2
which employed or (employer) A enter	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Top for for had	Contributory Secondary
10 NAME OF	(Signed) Signed S. Bellingela M. D.
11 BIRTHPLACE	Lead 3 190 (Address) Ele Burnes, mg.
OF FATHER (State or country Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Junknown	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds,
(State or Country) Mulen and	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Interment) rank levell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clenburne md	Ceda Hex . Cont. Jan. 6 , 1830
Filed 1/4 1928 gran Herry ver	Loha T. Denny Co. Balk. Mal.
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the disease;

HYSI- Exact	1PLACE OF DEATH	08926 STATE OF MARYLAND CERTIFICATE OF DEATH
0.	County	Registration Dist. No. 27
y classificate.	Village or City Grandle State 9  2FULL NAME James 18	St.: Ward)  (If death occurre a hospital or institution, give its NAM) stead of street number.)
properly certil	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 3m	Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Yea
0 + 2	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased
. 9 7	(Month) (Day) (Year)  7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, at
E E .	B OCCUPATION (a) Trade, profession or	Hamiflyin of left god
ully plain nt.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosZ
im	9 BIRTHPLACE (State or country) Many land.	Contributory Secondary
Ve Ve	FATHER MINING	(Sighed) 1923 (Address) Caronilla, Ma
	O 11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
AT	12 MAIDEN NAME OF MOTHER  MANUEL MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)
m of Inform hould state at of OCCUP	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death for yrs. I mosds. In the State for yrs
000	(Informant)	if not at place of death?  Former or usual residence.
CIANS	1) (Address) Commille, Md.	PLACE OF BURIAL OBREMOVAL  DATE OF BURIAL  DAT
1 00	If more hands are needed, address State Registrar	126 UNBERTAKER  ADDRESS  THE STATE OF THE ST

(Approved by U. S. Census and American Public Health Association.)

ployed. as At school, ar At home. Cure should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Hausewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wonn-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed household only (not paid Hausekeepers who receive a er," etc., worke on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (renature of the business or industry, and therefore an Civil cugincer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer ar Planter, For many occupations a single word or term on (b) Cattan mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automabile factory. The material Stationary fireman, etc. But in many person, irrespective of Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchopneumonia ("Pneumonia");

"(Echaustion," "Heart Innure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasins); Measles, approved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping caugh; (secondar: Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Never report mere symptoms or terminal condior intercurrent) affection necd Chronic Carcinoma, Sarcama, valvular heart disease etc. The Nomenclature of the contributory not be etc., of

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11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

(Informant)

OF MOTHER

(State or country) 12 MAIDEN NAME

(State or Country)

M)	•	Y, PHYSI-
	CORD	erly classif
BINDING	PERMANENT	CE should be stated EXACTLY, Practit may be properly classified.
<u> </u>	A PI	SE st

	1	PLAC	E	OF	DEATH	1
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County Anne Arundel

### STATE OF MARYLAND CERTIFICATE OF DEATH

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Registration Dist. No. Crownsville State Hospital (If death occurred in St.: Ward) a hospital or institution, give its NAME instend of street and MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 19230 to Dec. 30th , 192 30 that I last saw h im alive on Dec. 30th . 192.30 and that death occurred on the date stated above, at 6:45P\_m. The CAUSE OF DEATH \* was as follows: General Paralysis of the Insane (Duration) .... Contributory Secondary 192 30(Address) Crown ville Md \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death In the State 32 yrs.....mos.... vrs. D. mos. 1 ds. Where was disease contracted, if not at place of death? Crownsville Maryland 20 UNDERTAKER

Daniel Richardson <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. Widowed 4 COLOR OR RACE 3 SEX MARRIED. made black WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH Unknown (Month) (Day) If LESS than 7 AGE I day hrs. (a) Trade, profession or Laborer particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Bermuda 10 NAME OF FATHER Benjamin Richardson.

Bermuda

Bermuda

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

Eliza Tucker, dead

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If refired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; furgor (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of ployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton -mill; -(a) Salesman. without more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-As examples: (a) 9 persons en-Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same decepted term for the same disease. Examples: Corbo oping lever the only definite synonym is "Epidemic capabotic spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Medsles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; , peritonneum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory " "Convulsions,

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	PHYSI-	/-	e of DEATH Anne Arunde	1	
CORD	XACTLY, classified	Village or Cit		ille <sub>(N</sub> State	
LIN	stated E. properly of certific		NAL AND STATIST	Ella Richa ICAL PARTICUL SSINGLE MATT	ARS
DN A	be be	Female	black	WIDOWED. OR DIVORCED	

7 AGE

ENTS

C

6 DATE OF BIRTH

B OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work

(State or country)

10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

b) General nature of industry business, or establishment in

which employed or (employer)

PLACE	OF	DEAT	Н	SHEE
County.	Anr	ne A	runde	1

13508

OR DIVORCED (Write the word)

(Day)

IFLESS

l day

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Housework

Unknown

(Month)

Maryland

John Brown

Sarah Matthews

Hospital Records

Crownsville, Maryland

Maryland

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

n	al St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CER	RTIFICATE C	OF DEATH
	16 DATE OF DEATH NOVember		, 19 <b>20</b> (Year)
8 r)		FY, That I atto	ended the deceased from vember 11 19230
nan nrs.	and that death occurred on t The CAUSE OF DEATH * was Cerebral arteri	as follows:	A E J
	Contributory Secondary (Signed	nic Nep	knówn mos. do.
	*State the Disease C Violent Causes, state (1) Accidental, Suicidal or Homic 18 LENGTH OF RESIDENCI ients or Recent Residents)	idal.	
	At place of death yrs. 6 mos. 2 Where was disease contracted, if not at place of death?	***************************************	Lifetime do.
	19 PLACE OF BURIAL OR RE	MOVAL	Maryland DATE OF BURIAL Nov. 15-, 1936
2	20 UNDERTAKER		ADDRESS

(Approved by U. S. Census and American Public Health Association.)

work, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write Nonc. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Howemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Automobile factory. The material cian, Compositor, Architect, Locomotive engineer, cngineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Colton mill; (a) Salcsman. without more precise specification as Day specifically the occupations of persons en-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the bisease causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causant disease. Examples: Cerebrosphate fever (t) a only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING K MARGIN RESERVED FOR NINLY, WITH UNFADING INK--THIS WRITE

No. 1 V. S.

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PLACE OF DEATH	02569 STATE OF MARYLAND
County Anno Drundly	© CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Worth Cours (Notes ght)	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Sarah Cookman Fair	bank steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While SINGLE, MARRIED, MOWN OR DIVORCED (Write the word)	16 DATE OF DEATH 2/- March - , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March a 1847	4 Jel 1923, to 2/March, 1930.
(Month) (Day) (Year)	that I last saw her alive on 2/ March 1923 0
7 AGE [If LESS than	and that death occurred on the date stated above, at
83 yrs. 0 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession or particular kind of work	
(b) General nature of industry	
Wusiness, or establishment in which employed or (employer)	(Durstion) vis. mos. ds.
9 BIRTHPLACE	Contributory Andly Secondary
(State or country) of Michaels - Jacket (p. 10.	(Duration) yrs. mos. ds.
10 NAME OF	(Signed) Mulli Woodnuff M. D.
11 BIRTHPLACE	21 Mar 192 A (Address) Lindheller 495
OF FATHER (State or country) Tolland (D. Maryland)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME  OF MOTHER FIRE LAND SOLUTION	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Eliza and Devier	ients or Recent Residents)
OF MOTHER (State or country) Talbax Palaculand	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
- BPibalt	Former or usual residence
(Interment) all May 10 West 115 9 20 -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Vall (Address) MNUCUMNEIGHS MA	Nuch. D. G. Mar. 2/1. 19 30.
Filed 21 hard 19230 Murrel Wood Auf	20 UNDERTAKER HELDEN & ADDRESS BALL ME
- / _	VIIII. I VIII VIII VIII VIII VIII VIII

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Househeepers who receive a worked on may form part of the second statement. Physician, For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fwer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Exhaustion, (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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APR URE

V. 8. No. 1

	PLACE OF DEATH	07638 STATE OF MARYLAND
	County asma arunclel	CERTIFICATE OF DEATH
	The state of the s	(9)
	11'10. 60010	Registration Dist. No. 24.21
1	Village or City hypley (No. Uld Cum	apolis Rol St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME Sidney a K	apple fr and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
;	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	Vida la WIDOWED. Jenje	, 19 <b>30</b>
2	(Write the word)	Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
,	april 10 ,1926	July 5 1920. to 1920, 1920
	(Month) (Day) (Year)	that I last saw handlive on Aury 1920,
	7 AGE [If LESS than	and that death occurred on the date stated above, at / 2
	4 3 0 l day hrs.	The CAUSE OF DEATH * was as follows:
-	7 yrs. 3 mos. 4s. or min.?	
3	B OCCUPATION (a) Trade, profession or	Dig Plus Ferer
	particular kind of work	
1	(b) General nature of industry business, or establishment in	(Duration) vrs. mos de.
	which employed or (employer)	
2	9 BIRTHPLACE (State or country)	Contributory Secondary
	Daltimere ma	(Duration)yrsmosds.
	10 NAME OF FATHER S' / B D 110	(Signed) Comes O Bellingalia M. D.
	11 BIRTHPLACE	belof 11, 1930 (Address) They Burne. Ind
	F OF FATHER TO DA	*State the Disease Causing Death, or, in deaths from
	Z (State or country) /3 allimore md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Pala In Crok	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER The State Parch	At place of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
2	THE ABOVE IS TRUE TO THE BEST OF THE MISSISSISSISSISSISSISSISSISSISSISSISSISS	Former or
	Unforther Indney a Kapple	usual residence
	(Address) Thiplon md	1 1 1 1 1 1 2 20
	(Address)	At annel July 12, 1930
	15 Priority 10 1987 8 Registrary	John F Denny 715 Light St
	If more banks are needed, address State Registrate	, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planker, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic etc. The affection need not be valvular heart contributory

8. No. 1.

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8 0100 (12)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  Fely 27, 1930.  (Month) (Day) (Year)  7 AGE	16 DATE OF DEATH July 12 14, 130 (Month) (Day), (Year)  17 I HEREBY CERTIFY, That I attended deceased from July 21, 1930, that I last saw h alive on July 12, 1930, and that death occurred on the date stated above, at 7:39m
yrs. 4 mos 25 ds. or min.?  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows: Enterities a cute
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (State or country)  (State or country)	Contributory Heat ex haust in Secondary
10 NAME OF FATHER Juan Revera  11 BIRTHPLACE OF FATHER (State or country) Orto-Pico  12 MAIDEN NAME OF MOTHER Carrier Pevera  13 BIRTHPLACE OF MOTHER (State or country) Porto-Pico	(Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidentaling, Suicidal or Homicidal.  (For Hospitals, Institutions, Transients, or Recent Residents)  Al place  af dooth  yre.  mes.  ds.  (Signed)  (Suicidal (MC), m. s.  (Auses, State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidentaling, Suicidal or Homicidal.  Suicidal (Por Hospitals, Institutions, Transients, or Recent Residents)  Al place  in the  state the Disease Causing Death, or, in deaths from Violent, Causes, Causes, Suicidal (Por Hospitals, Institutions, Transients, or Recent Residents)  Al place  in the  state the Disease Causing Death, or, in deaths from Violent, Causes, Cause
(Informant) man Revera  (Algeress)  (Algeress)  (Algeress)  (Algeress)  (Algeress)  (Algeress)  (Algeress)  (Algeress)	Where was disease contractes, If not al place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Maral Cerut Assuapelly July 24, 1030.  20 UNDERTAKER  ADDRESS
Filed REGISTRAR  If more blanks are worded, address State Registrar. 1	John M. Vaylor Vizzerfoli W. Saratoga St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed or Taged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the of various pursuits can be known. For persons who have no occupation whatever, The material worked on may form part At home. Care should be If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia."); Lohar pneumonia. Bronchopneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Urnenna," "Weakness." etc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from chile "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping or miscarriage The nature of the injury, as fracture of skull as "Puerperal septichaeman "Dropsy,". "Exhaustion." carbolic acid-probably State cause for which Never (Recommendations report mere mound

hould be carefully supplied

OF DEATH in plain terms so that is

Every Item of Information should be carefully CIANS should state OAUSE OF DEATH In plain statement of OCCUPATION is very important.

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WRITE

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	S A PERMANENT PECORD	EXACT	that it may be properly classified. tions on back of certificate.
	VENT P	e stat	of certification
NG	ERMAN	houldb	may be
SINDING	SAF	ACE 8	that I

### PLACE OF DEATH

County ... Anne Arundel

Village or City Ft George G Meade, (No.

### STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-tead of street and .... Ward) mumber.)

WALTER W. ROBERTS

	2 F UI	L NAME		4511.X159.627	WASAW
	PERSO	NAL AND S	STATISTIC	CAL PARTIC	ULARS
SI	EX Male	1 COLOR Whit		5 SINGLE, MARKIED, WIDOWED OR DIVOR (Write the	CED
DA	TE OF BI	RTH			
			April (Month)		, 1.913 (Year)
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		A!yra.	h	108	ls. or min. ?
(b bu	) General r	nd of work nature of indu establishmen yed or (empl	A 2-	Soldie:	
151	(State or		M	aryland	
	IO NAME FATHI	ER	M. Rob	erts	
ENTS	11 BIRTH OF FA (State		Mary	land	
PARE	12 MAIDE OF MO	THER	lian E.	Bratton	
	18 BIRTH OF MO (Stat		) Vir	ginia	
Т	HE ABOV	E IS TRUE T	O THE BI	ST OF MY K	NOWLEDGE
					(Mother)
	(Add	ress) Stel	ohens C	ity. Va.	-0
5				WELL D.	V. ,

	OF DEATH
16 DATE OF DEATH	
	9, 19 <b>30</b> (Day) (Year)
17 I HEREBY CERTIFY, That I at	ttended the deceased from
May 13 1930 , to May	y19.,1930, 192
that I last saw h im nlive on May	19, 1930, 100
and that death occurred on the date state	ed above, at2:30.P.s.m.
The CAUSE OF DEATH & was as follows:	
Pneumonia, lobar, both	lobes, left.
	ostoos on a oog oon a good oo a coo oo a oo a oo a oo a oo a oo
***************************************	**************************************
(Duration)	)yraQmoe14de.
Contributory Pleurisy, acute	e, suppurative, lef
Secondary	
(Signed) D. HOLMES, May 19. 1950. (Address) Ft Ge	M.D. Major, M.C., USA. Oarge G. Meade Md.
(Signed) C. D. HOLMES,  May. 19. 1930. (Address) Ft. Get  *State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	M.D. M.D. M.D. M.D. Major, M.C., USA. Corge. G. Meade. Md., h, or, in deaths from jury: and (2) whether
(Signed) D. HOLMES, May 19. 1950. (Address) Ft Ge	M.D. M.D. M.D. M.D. Major, M.C., USA. Corge G. Maade, Md. h, or, in deaths from jury: and (2) whether
(Signed)  (Signe	M.D. Major, M.C., USA. Major, M.C., USA. Marge G. Meade Md. h, or, in deaths from jury: and (2) whether pitals, Institutions, Trans-
(Signed)  C. D. HOLMES,  May. 19. 1930. (Address) Ft. Go  State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hosients, or Recent Residents)	M. D. M. D. M. D. M. D. Major, M. C., USA.  M. D. Major, M. C., USA.  M. D. Major, M. C., USA.  M. D. M. D. M. D. M. D. M. D.  M. D. M. D. M. D.  M. D. M. D.  M. D. M. D.  M. D. M. D.  M. D. M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.  M. D.
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(Signed)	M. D. M. M. D. M. D. M. M. M. D. M.
(Signed)  (Address)  (Address)  (Address)  (Address)  (I)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (For Hosients, or Residents)  (At place or Residents)  (In the State of Catholic Contracts of Catholic Contrac	M.D. M.D. M.D. M.D. Major, M.C., USA. Dorge G. Meade Md. h. or, in deaths from jury: and (2) whether pitals, Institutions, Transfer, O. yrs. 10 mos. 0 death death  Irginia  Date of Burial
(Signed)  (Address)  (Address)  (Address)  (Address)  (At Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  (For Hosients, or Recent Residents)  (At place of Residents)  (At place of death O yrs. 10 mos. O.da. State of death O yrs. 10 mos. O.da.  (Signed)  (Address)  (For Hosients)	M. D. M. D. M. D. M. D. Major, M. C., USA.  Major, M. C., USA.  M. D. Major, M. C., USA.  M. D. M. D. M. D.  Major, M. C., USA.  M. D.  M. D.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

## CERTIFICATE OF DEATH

(Approved by U. S. Consus and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative healthadditional line is provided for the latter statement; it the first line will be sufficient, c. g., Farmer or Planter, fulress of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) n..ture of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive cugincer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day (a) Foreman. (b) Automobile factory. The material whatever, write None. tured 6 yers.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer (reor given up on account of the disease causing DEATH, Housemuid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed -Coal mine, etc. Wom-But in many

Exacement of Causo of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

use of "Tumor" for malignant neoplasms); Measles; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberowlosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ......(name orlgin; "Cancer" is less definite; avoid head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of taken. For violent Deaths state Means of injust State cause for which surgical operation was under "PUERPERAL sopticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on Poteoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senlle," etc.), (Recommendations on state-Example: Measles (disease (second-(merely

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HYSI-	County a - a -	CERTIFICATE
D.	County	(OLP)
<b>1</b> 5 2		Registration
ORD KACT class	Village or City Muyi Parole (No.	St.: Ward)
Satistic S	2 FULL NAME Emily Robinso	N
Stated EXAC properly clad	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
Z to do	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	DECEMBER (Month) 5
BINDANG PERMANE should be if may be	6 DATE OF BIRTH	17 / L HEREBY CERTIFY, That I att
A PE	(Month) (Day) (Year)	that I last saw her alive on /2-
IS A AC AC LOTION	7 AGE IFLESS than	and that death occurred on the date stated
. 0	Mrs. Known de. or min.?	The CAUSE OF DEATH * was as follows:
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IN IN piai	(b) General nature of industry	C C C C C C C C C C C C C C C C C C C
RESE IN IN pial	business, or establishment in which employed or (employer)	(Duration)
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NF. NF.	10 NAME OF	(Burylon)
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ITH sho	U II BIRTHPLACE OF FATHER	*State the Disease Causing Death.
w W ation	C State or country) UM KN OWN  12 MAIDEN NAME	Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.
	of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospi
nform state ccup	13 BIRTHPLACE	ients or Recent Residents) At place In the
	OF MOTHER (State or Country) um knowe	of deathyrsmosds. Stat
0.5%	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ITE lem of should	(Informant) Mrs Ellen Barney	Former or usual residence
WRITE WRITE CIANS sho statement	(Address) Campi Paroly. Ma	19 PLACE OF BURIAL OR REMOVAL
BEve	15 Filedre 8 1923 a gray Le. gray Tole Registrar	20 UNDERTAKER ON KER
Þ Ż	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V.

MARYLAND OF DEATH Dist. No. 27 (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) OF DEATH

\_\_\_\_yrs.......ds. or, in deaths from ajury and (2) Whether tals, Institutions, Transe\_\_\_\_\_ds. DATE OF BURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

atelahus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and all questions (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Measles;

important.

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1	X	
1		

certificate

### PLACE OF DEATH

**2FULL NAME** 

13 BIRTHPLACE

(Informant)

Filed

(Address)

OF MOTHER (State or Country)

ine Arundel County

### 07640 STATE OF MARYLAND CERTIFICATE OF DEATH

egistration Dist. No	. 21
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Village or	City	Crownsv	ille	(No e	Hos,	oltal
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Geor e Robinson

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS S SINGLE 3 SEX 4 COLOR OR RACE married MARRIED. WIDOWED, OR DIVORCED (Write the word) black male 6 DATE OF BIRTH Unknown (Day) (Year) (Month) IIf LESS than 7 AGE 1 day hrs. 8 OCCUPATION (a) Trade, profession or Teamster particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Jirginia 10 NAME OF FATHER George Robinson 11 BIRTHPLACE RENTS OF FATHER Virginia (State or country) 12 MAIDEN NAME Caroline Hays 4 OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

6 DATE OF DEATH
July 10th , 192.50
(Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended the deceased from June 26th  192 30 to July 10 , 192 30
hat I last saw h im alive on July 10 , 19230,
nd that death occurred on the date stated above, at 11:554 m, the CAUSE OF DEATH * was as follows:
Cerebral arteriosclerosis
0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.00 + 0.
(Duration) Unkno wn mos de.
Contributory Senility Secondary  Libration  Libration  Libration  Libration  Libration  Libration  Contributory  Secondary  Libration  Libratio
Jul 10 192 30 (Address) Crownsville, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the State 1.4 yrs. mos. 14ds. State 1.4 yrs. mos. ds.
Where was disease contracted, f not at place of death?
former or Baltimore City, Nd.
9 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
35h Cen July 13. 1938

Crownsville, Marylan

North Carolina

Hos ital Records

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (re-Housemaid, etc. to report household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation If the occupation has been changed (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septionemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fructure of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent turffictions promisence. All the data is easential and must of defined before the certificate is permanents filed.

OE61

OE61

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S. No. 1

PLACE OF DEATH

County Anne Arundel

2FL	ULL NAME Harr	y Clifton	ROBINS	8	ion, give its it tead of str number.)
PERSO	NAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	White US	MARRIED.  WIDOWED.  XOR DIVORCED  (Write the word)		16 DATE OF DEATH 20 April 1930 (Month)	
6 DATE OF BI	Feby. (Month	1 ) (Day)	, 1.876 (Year)	17 I HEREBY CERTIFY, That I attended to the second	pril 19
7 AGE	54 yrs. 2	mos. 20 ds.	If LESS than I day hrs. or min.?	and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	
(b) General 1	rofession or Retile ad of work Retile Retile		Tender	Cerebral Wesses	
which emplo	yed or (employer)	S.Navy		Contributory Diabetis m	
		nore Md.		(Duration)	
10 NAME	Charles Rol	oinson		(Signed) L. R. Newhouse	10 11-1
FATHER  OF FATH  Control  Cont	Charles Rolling Rollin	oinson apolis Md.		(Signed) L. R. Newhouse	al Hosp
FATHER  SI BIRTHP  OF FATI  (State of the control o	Charles Rolling Rollin			(Signed) L. R. Newhouse 4.5. naw 4.5. naw (Address) Quiral	r, in deaths
FATHER  THE STATE OF FATH  (State of MOTO)  THE STATE OF MOTO  (State of MOTO)  (State of MOTO)	Charles Roll LACE HER or country) Anna NAME HER Clara V PLACE HER r Country) Mary	apolis Md. Vampley Land		(Signed). A. Newhouse  4,5. Newhouse  *State the Disease Causing Death, of Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents)  At place In the of death yrs. mos. ds.  Where was disease contracted.	r, in deaths
FATHER  II BIRTHP OF FATI (State of 12 MAIDER OF MOT (State of 13 BIRTHF OF MOT (State of 14 THE ABOVE	Charles Rolling LACE HER OF COUNTRY) Anna NAME HER Clara V PLACE HER F COUNTRY) Mary IS TRUE TO THE BEST	apolis Md. Wampley Land		(Signed). A. N. Newhouse  (Signed). A. P. Newhouse  *State the Disease Causing Death, or Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents)  At place of death yrs. mos. ds. State  Where was disease contracted, if not at place of death?  Former or usual residence.	ae ) Vorh  r, in deaths y and (2) W  n, Institution  yrs
FATHER  II BIRTHP OF FATI (State of MOT 12 MAIDE OF MOT 13 BIRTHF OF MOT (State of MOT (State of MOT) (Informant)	Charles Rolling LACE HER OF COUNTRY) Anna NAME HER Clara V PLACE HER F COUNTRY) Mary IS TRUE TO THE BEST	apolis Md. Wampley Land TOF MY KNOWL	edge Md.	(Signed). A. N. Newhouse  4,5. Naw  *State the Disease Causing Death, o Violent Causes, state (1) Means of Injury. Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents)  At place of death yrs. mos. ds. State  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  U.S. Naval Cemetery	ae Hosp of the r, in deaths y and (2) W

STATE OF MARYLAND CERTIFICATE OF DEATH

03949

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) E OF DEATH 192 attended the deceased from 0 April 19302 .... th, or, in deaths from Injury and (2) Whether spitals, Institutions, Transthe DATE OF BURIAL April22:30\_ ADDRESS Annapolis Md.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Doy Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumoniu, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicucinia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar / Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinomu, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; or intercurrent) ('hronic Example: Measles (disease valvulor heart disease; affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

N. B.

PLACE OF DEATH	(1521) STATE OF MARTLAND
ann Quenchel	CERTIFICATE OF DEATH
County and allenged	Registration Dist. No. 23
	Registration Dist, No.
Willage or City / 1884 (No.	Mard) (If death occurred in
	a hospital or institu- sion, give its NAME in- stead of street and
Jusikh (Fat	humber.)
<sup>2</sup> FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED	(Month) (Day) (Year)
OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	man 1 1920 to my 17, 1920.
mm to	
(Month) (Day) (Year)	that I last saw h alive on 12 30 4
7 AGE	and that death occurred on the date stated above, at 12 30 km.
I dayhrs.	The CAUSE OF DEATH & was as follows:
	Julmy Lutualous'
8 OCCUPATION /	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	1 7 7
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE	Contributory Sylveardilles.
(State or country)	(Duration)yre
10 NAME OF	m m 1/1 - 1
FATHER The obean	(Signed) M. D.
9 11 BIRTHPLACE	3/1.7192. (Address)
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
2 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
IS BIRTHPLACE	ients, or Recent Residents) At place In the
OF MOTHER (State or country)	At place of death yrs mos da. State,yrs mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and Many in Read In 40	Former or
(Informant) Manullum Miss	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) Careta ml.	150 15 (by 1) 5 . 15
15	asbury 10 alls. Md 3-21 3 ,1900
Filed May 19 1980 Wara Me Freship	20 UNDERTAKER ADDRESS
Local Registrar	mre Lottio Bross 1408 Osbland
if wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

#### ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the business, that fact may be indicated thus: Farmer (reor given up on account of the DISELSE CAUSING DEATH, gaged in Comestic service for wages, as Screant, Cook, to report specifically the occ pations ployed, as At school or At home, fare should be taken definite salary), may be entered a household only (not paid Housekeepers who receive a er," etc., worked on may form par: of the second statement.

Never return "Laborer." "Foreman." "Manager." "Dealwhatever, write None. Housemaid, etc. laborer, Furm laborer, Laborer-Coal mine, etc. Wom-"pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; rhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know cases, especially in incustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, capation is very important, so that the relative health-Civil engineer, Stationary foremen, etc. But tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or 11 without more precise specification as Day Home, and children, not guinfully em-(a) the kind of work and also (b) the For persous who have no occupation If the occupation has been changed Housewife, House of persons en-

to time and causation), using always the same accept-LABE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphth ria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic corebroed term for the same disease. Examples: Gerebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever Busiement of Cause of Death-Name, first, the DIS-(never report "Typhoid pneumonia");

> ment of cause of death approved by head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sareoma, etc., of Poisoned by curbolic acid—probably suicide. The natrain-accident: Revolver Examples: Acoldental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or "Puerperal sopticuemia." "Puerperal peritonitie," "Uraemia," "Weakness," etc., when a definite disease vulsious." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nophritis, ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; inqualified, is indefinite); Tuberculosis of lungs, men For the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.). VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Example: Measles wound of head-homicide; etc. failure." "Haemor The contributory Committee on terminal (second-(disease (mcrely not be

tions answered in detail it will prevent further correspond ence. All the data is eyeculal and must be obtained before the certificate is permanently filed.

Village or City Agrand County  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  A COLOR OR RACE Bibling E.  MARRIED  MONTHS  (World the word)  (World the word)  (Words the word)  I DATE OF DEATH  TO DEATH  TO DEATH  (Some Death County)  The CAUSE OF DEATH was as follows:  Convenient of industry  Dustiness or country)  DI DAMAG OF  FATHER  (State or country)  DI DAMAG OF  FATHER  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO MANG OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (State or Country)  TO NAME OF  GATHALES  (State or Country)  TO NAME OF  FATHER  (St	County A C	03941 STATE OF MARYLAND
Village or City Control of the Calcust Court St.: Ward) (If death occurred in a hospital or institution as hospital or institution of the court of the death of t	County	(S) CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  A COLOR OR RACE  MARRIED  White the word  (North)  (Day)  (Year)  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (North)  (Day)  (Year)  17 HERRBY CERTIFY. That I attended the deceased from 192 to 1	V 1 11 12 00	Registration Dist, No.
3 SEX	2 7	tion, give its NAME instead of street and
MARRIED WOONED CONTINUED.  6 DATE OF BIRTH  6 DATE OF BIRTH  7 AGE  (Month) (Day) (Year)  (Month) (Day) (Year)  17 — HERRBY CERTIFY, That I attended the deceased from that I last saw h Malive on 192 to 192	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  (Nonth) (Day) (Year)  that I last saw h. Ablive on	MARRIED, WIDOWED Prassied-	758, 1( , 19 <b>3</b> I
Superior	1105. 1876	2-11-30 192 to 4-1- ,1930
a) Trade, profession or particular kind of work a restrict b) General nature of industry business, or establishment in which employed or (employer)  D BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF (State or Country)  13 BIRTHPLACE OF MOTHER (Nate or Country)  A place OF MOTHER (State or Country)  At place of death yis mos ds. State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  15 Filed (14 1923)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  The ABOVE IS TRUE TO THE	5 2/ 5   I day hrs.	and that death occurred on the date stated above, at 9.500 m.
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (CANNISK)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER (State or country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed (14 1923)  16 CANNISK (Signed)  17 Duration)  18 Duration)  19 Duration)  10 Ling The Laure (Dath, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  10 Ling The Laure (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  10 Ling The Laure (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  10 Ling The Laure (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  10 Ling The Laure (I) Means of Injury and (2) Whether Accidental Acc	8 OCCUPATION (a) Trade, profession or particular kind of work	Cente Phennalic Feres
Secondary  Secondary  Secondary  Durstion  M. D.  Scate the line case Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  BLINGTH OF RESIDENCE (For Hospitals, Institutions, Transpients or Recent Residents)  At place of death yis mos. de.  Where was disease contracted, in or at place of death?  Former or usual residence  Date of Burial Or REMOVAL  Date of Burial  Date of Bur	business, or establishment in	(Duration) yrs. / mos. 2.3 ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed  16 OAMS  (Signed)  (	9 BIRTHPLACE (State or country) Annaholis Incl.	Secondary
*State or country)  (State or country)  *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLAGE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Address)	FATHER flex Carnish	(Signed) Cotal Walnuty M. D.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  15 Filed  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transmients or Recent Residents)  At place of death	Z (State or country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of death	of Mother Clackiel & aver	
(Informant) Colorence & Stanton  (Informant) Colorence & Stanton  (Address) & Calrect Court  Filed Offil 14 19230 & April C. Free Colorent Court  Registras  In or at place of dea h?  If not at place of dea h?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS  Appress  Appress	OF MOTHER	of deathyrsds. Stateyrsmosds.
(Informant) Columne & Stanton Usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  (Address) / 5 Calract Com  The large Cemetary Here / 4, 1930  Filed Gentley 14 19230 Frag 4 C. Frag 4  Registras The Column Amage for many formation of the column and the	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Address) 5 Calrat Cour Holary Cemetary Here 14, 1930  Filed Gently 14 19230 For 16 C. Free Court Court About Contract Court Appendix Court	(Interment) Colorence & Stanton	
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Registras Of Nac. O Nupro & Amnages wound	15 Filed afril 14 19230 Jony 6 C. Inga	ADDRESS ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in all meningitis"); Diphtheria (avoid use of "Crpup"); sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "(E.haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY, PHYSI-properly classified. Exact ee instructions on back of certificate. should be stated PERMANENT BINDING Item of information should be carefully supplied. ACE should be should state CAUSE OF DEATH in plain terms so that it may be A FOR 15 WITH UNFADING INK--THIS MARGIN RESERVED Every Item of information should be caretury CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.

V.S. No. 1

N. B.

PLACE OF DEATH County and augustes	11010	TE OF MARYLAND
haa 1/a 1	(202)	Registration Dist. No. 20
Village or City Harry (No. 2FULL NAME Williams Rolm	st:	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH
Mole Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	11/10/	(Month) 2-8 (Day) (Year)
6 DATE OF BIRTH 1903 (Month) (Day) (Year)	192	Y, That I attended the deceased from, 192,
7 AGE    If LESS than   day hrs.   day or min.?	and that death occurred on the CAUSE OF DEATH was	as follows:
8 OCCUPATION (a) Trade, profession or a ricular kind of work with the profession or a ricular kind of work with the profession or a ricular kind of work with the profession or a ricular kind of work which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Control of Residents of Recent Residents  At place of death	using Death, or, in deaths from Means of Injury and (2) Whether lal.  (For Hospitals, Institutions, Transfir the State yrs mos ds.
(Address) John Orlin (Address)	19 PLACE DF BURIAL OR REI	
Filed Nec / Pl 1920 M.A. Claylor Add Brack Registrar	20 UNDERTAKER Sallo	the Hest hered . Mes

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Spinner, should be used only when needed. As examples: (a)additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomoline engineer, 9 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



"Iranition," Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Am "Exhaustion," "Heart ranner, "Old Age," "Shock, "Transition," "Marasmus," "Old Age," "Shock, stated unless important. unqua carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, use of "Tumor" for malignant neoplasms); apprened lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi riton frum, etc., Carcinoma, Sarcoma, etc., of maine origin; "Cancer" is less definite; avoid cough; Medical Association.) No or intercurrent) affection need not be Committee on Nomenclature indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease valvular heart disease; etc. The contributory

I the cultest is looked over thoroughly and all qu stions any cred in detail, until even further correspondence. All the data is essential and must be before the certificate is no manent's filed.



OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant

(Address)

1PLACE	OF	DEATH	
County Ann	18	Arundel	

06420 (31)

House

#### STATE OF MARYLAND CERTIFICATE OF DEATH

of Correction

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-

tion, give its NAME in-

stend of street and

number.)

	2FUI	LL NAME	JOHN	ROCKS;	Maryla Hospit
	PERSON	NAL AND ST	TATISTIC	AL PARTIC	ULARS
3 5 6	Male	Whit	R RACE	MARRIED/ WIDOWED, OR DIVORCE (Write the work	
6 D/	ATE OF BIR	тн	(Month)	MANO (Day)	u, M t
7 A	3E	38 yrs.	un	Moure	If LESS than I day hrs. or min.?
8 0	CCUPATION				
)(a )(b ) bu	siness, or e	nd of work	•	oduce Me	rchant
)(a )(b ) bu	rticular kin ) General n	ad of work establishment yed or (employ	•	oduce Me	rchant
)(a )(b ) bu	orticular king) General maisiness, or enhich employ	ad of work eature of indu- establishment yed or (employ untry)	•	oduce Me	rchant
)(a )(b ) bu	rticular kin ) General m siness, or e hich employ IRTHPLACE (State or co  10 NAME of FATHER  11 BIRTHPL OF FATH	ad of work nature of indu establishment yed or (employ euntry)	•	oduce Me	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Jessup Md.

16 DATE OF DEATH June 7th, 1930- , 192 (Month) (Day) (Year) (Year)
March 18" 150 to June 7th, /30, 192
that I last saw h im alive on June 6"/30 , 192 , and that death occured on the dute stated above, at 3.30P m.
The CAUSE OF DEATH * was as follows:
Julnovary Turundrus
(Duration)
Contributory Secondary
(Signed) (Si
*State the Discase Causing Death, or, in deaths from Violent Caus s, etate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs. 2 mos ds. In the State yrs. ds.
Where was disease contracted,
Former or usual residence 1210 Bond St. Balls Ma
Holy Redenan and 7/10, 193
20 UNDERTAKER 1217 F Paul
W Santage St Ralto, Requesting V. S. No. 1.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman (b) Greeny; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from should be used only when needed. As examples: a sary to know (a the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farrer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons If the occupation has been changed who have no occupation Day

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably survide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOWICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), inges, perilonaeum, etc., approved (Recommendations on statement of cause of accident; Revolver wound of head-hamicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Chronic Carcinoma, etc. valvular heart disease; Nomenclature The contributory Sarcoma,, etc., of Mensles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will provent further correspondence. A it is data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V & No. 1

N. 13.

	PLACE OF DEATH County a G	07641 STATE OF MARYLAND CERTIFICATE OF DEATH
	County CO TA	Registration Dist. No.
v	illage or City Willand No.	St.: Ward) (If death occurred in
	2FULL NAME hathanie	Rollings tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Helpwell OR DIVORCED (Write the word)	16 DATE OF DEATH July 2 , 1980 (Month) (Day) (Year)
6	DATE OF BIRTH  (Month) (Day) (Year)	17   HEREBY CERTIFY, That I attended the deceased from
7	AGE [If LESS than	and that death occurred on the date stated above, at
	40 39 5 mos. 13 ds. or min.	The CAUSE OF DEATH * was as follows:
В	OCCUPATION (a) Trade, profession or particular kind of work  Tabores	Murclines
	(b) General nature of industry business, or establishment in which employed or (employer)	(ded fram (Duration) yrs. mos. ds.
9	BIRTHPLACE (State or country) Rol	Contributory Secondary  Duration
	10 NAME OF MODEL Roddings	(Signed) John M. D. (Address Amalle Corner
O F N	OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal
OAD		IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Arthur Rolling	Former or usual residence
	(Address) Davidserville	Darrelson le Julio
19	Filed July 19 1920 Man O GULLETT	Jah. J. Cox Edgerente
	If more blanks are needed, address Ltate Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neeescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager." "Dealtion applies to each and every whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) engineer, For many occupations a single word or term on yrs). (b) Cotton mill; (o) Salesman. Compositor, Architect, Locomotive engineer, Stationary fireman, etc. For persons who have no occupation Automobile factory. The material person, irrespective of But in many (b) Grocery;

EAR IN COUNTY OF CAUSE OF Death—Name, first, the DISEAR INCOMENTAL (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "(E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (sccondary), use of "Tumor" for malignant neoplasms); Mcasles, tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) affection Chronic etc. The valvular heart disease, Nomenclature need contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital cr Institution, give its NAME instead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX MARRIED. BINDING WIDOWED. OR DIVORCED Write the word) That I attended the decessed 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, IIf LESS than 7 AGE I day hrs. da. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs..... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER .. 1927 (Address) 11 BIRTHPLACE OF FATHER \*State the Disass Cause Violent Causes, state (1) Me Accidental, Suicidal or Homicidal. FZ (State or country) 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients er Recent Residents) 13 BIRTHPLACE At place of death.... In the OF MOTHER State.....yrs....mos... Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? shoul Every Item CIANS sho statement usual residence. (Informant) (Address) If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, , or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, stated unless important. Example: Measles (disease corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "(Exhaustion," "Heart lanure, traemornage, "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meastes; . . . . . (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Corcinoma, Sarcoma, tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "" "Weakness," etc., when a definite disease cough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

(1)	X	ì	Y, PHYSI-
	(	CORD	ted EXACTL perly classifertlificate.
1	SERVED FOR BINDING	NKTHIS IS A PERMANENT LEORD	ly supplied. ACE should be stated EXACTLY, PHYSI-ain terms so that it may be properly classified. Exact. See instructions on back of certificate.
	FOR	IS A I	so that
	SERVED	NKTHIS	ly supplied ain terms . See Instr

PLACE OF DEATH	STATE OF MARYLAND
County Q Q,	CERTIFICATE OF DEATH
Village or City Hutwell (No	Registration Dist. No.  St.: Ward)  A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDDING ORDIVORCED (Write the word)	16 DATE OF DEATH July (8 , 1930 (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year	17 I HEREBY CERTIFY, That attended the deceased from
7 AGE 58 yrs. 3 mos. 15 ds. or mi	nrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  Left 1920  16 Toldaylor	Contributory Secondary  Contributory  Contributory

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work; or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY ean be ascertained as the cause. Always qualify all Whooping eough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart discase, statement of cause of etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County anne arundel	CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Patakae (No.	(If death occurred
Village of City D A Company	tion, give its NAME i
2 FULL NAME Dorothy R	odd (Palmer) stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED.	16 DATE OF DEATH F. el 4 , 1978
Founds Col. OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
Jan 24, 1938	Jan 2 4 1930 to 7 26 4, 1923
(Month) (Day) (Year)	that I last saw her alive on 199
AGE	0, 0.
yrs. mos. ds. or min.	
OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mos
BIRTHPLACE (State or country)	Contributory Secondary
Jalorpses, OCI G. Mr.	(Duration) vrsmos
10 NAME OF PATHER OF PATHER	(Signed) M. M.
11 BIRTHPLACE	4.86 4 190 30 (Address) Efferde n
OF FATHER (State or country was down and)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	- Accidental, Suicidal or Homicidal.
OF MOTHER Margaret Cecelia Rose	2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra- ients or Recent Residents)
13 BIRTHPLACE Halettope	At place In the
(State or Country) Bolt en ave	of deathmosds. Stateyrsmos Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Margoret C. Rose	Former or usual residence
P. 4 . 4 . 17	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) for your to	10 Premiers 2/6, 193
Filed Febro 180 Caldwell files	20 UNDERTAKER ADDRESS
Registrar	you none Employed
If more branks are needed, address State Registr	ear, 16 W. Saratoga St., Balco., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, tion applies to cach and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on without more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for mahignant neoplasms); Measles; corbolic acid-probably suncide. The n .ture of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uruemia, ""Wcakness," etc., when a definite discase 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory volvulor heart disease;

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00889

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(161-a)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No. 23

	St.: Ward)	(If death occurred in
	(Paluer)	a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE	OF DEATH
7	16 DATE OF DEATH	2.7 100
X	// -	2-7, 192-7.0. (Day) (Year)
	17 / I HEREBY CERTIFY, That I att	
38 ear)	that I last saw han alive on	27, 1930 27, 19230
than	and that death occurred on the date stated	above, at 5 7 8 m.
.hrs.	The CAUSE OF DEATH * was as follows:	1 1/1.
nin.?	grenoleine v	Carl MAN
	of twens	( such way
	***************************************	
	(Durstion)	yrsds.
	Contributory Secondary	
	(Duration)	ds.
2	(Signed)	M.D.
7	4011 198 0 (Address)	mage my
_	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
ZN	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-
~/	At place In the of deathyrsds. Stat	eds.
_9	Where was disease contracted, if not at place of death?	
,	Former or usual residence	20m30mm = 20m303333333300 = 48000000 200000000000000000000000000000
de-	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
The	private yound	1/29 , 1930
0	CO LINDEDTAKER	ADDRESS

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Houselaborer, Farm laborer, Loborer—Coat mine, etc. won-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (o) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Mcasles (disease inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably sucide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart discase; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	13509 STATE OF MARYLAND
County (	CERTIFICATE OF DEATH
	Registration Dist No. 21.
Village or City Churcholi (No. Grnergen 2FUEL NAME Edward Bossh	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH November 24, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH    15   1853	17 I HEREBY CERTIFY, That I attended the deceased from  Northwar 73 1920, to NN 2 4 , 1920  that I last saw h malive on NN 7 4 , 1927
7 AGE  16 LESS than 1 day hrs.  72 yrs. 6 mos. 9 ds. or min.	and that death occurred on the date stated above, at 12 Am. The CAUSEOF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Germany	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER (State or Country)  16 MURRISON	(Signed) Walton Hongier M. D.  *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, Sandsonvelle GaG Md.
(Informant) Ross Rossbuck  (Address) Savidsonville Md.	Former or usual residence Davidsonville a. a. Co. ML.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Ced au BluffCernt New 25, 1930
File 2 2 5 1923 & France C. Proc. 2008 Registrar  If more banks are needed, address tate Registrar	John W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons, en-Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on (b) Grocery; Cook,

Statement of Cause of Death—Name, first, the bisse causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

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V. S. No. 1

	75
PLACE OF DEATH	01333 STATE OF MARYLAND
County a C	CERTIFICATE OF DEATH
Village or City Highway (No.	Registration Dist, No.
Village of City (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 20, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH   Yely 134, 1925  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923D. to 7 20 ,1923D that I last saw h and alive on 4 19 ,1923D.
7 AGE [If LESS than	- 30-
5 yrs. mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	in an open field, using coal oil in turing to track. Curson. (Duration) yrs. mos 12 de.
9 BIRTHPLACE (State or country) Newark N. 9.	Contributory Secondary  (Durstion) yrs. mos. ds.
10 NAME OF States H. Rowland	(Signey) M. D.
OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marie V. Michols	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (Control of Control of	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TABLE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) J. F. D. anupsling	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Red at 136/1/ Cent Fel 25, 1930
15 Filed 120 1930 June C. J. Registrar	John W. Jeyla Chropelis
If more branks are needed, address State Registrar	, G W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Witness -- Laborer Laborer -- Laborer should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation -Coal mine, etc. But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Chronic and consequences (e. g., sepsis, etc. affection need valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

	PLACE	OF D	EATH						
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	/								
Vil	llage or City					(No	Ne	ar :	Lipir
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	PERSON								
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			Jul	y (Month	······)	(Da	12	., 1	893 (Year)
	AGE	37	vrs	1	mas	5	de	1 day	S than hrs.
0	a) Trade, pro particular kind b) General na pusiness, or es which employe	ature of	indus	try				rre	etion
_	State or cou					Mo			
						TAY	J		
	10 NAME OF		Wil	liam	T.			rt	
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Y L	FATHER  11 BIRTHPLA OF FATHI (State or 12 MAIDEN OF MOTH  13 BIRTHPL OF MOTH	ACE ER country) NAME ER ACE ER Country)	El	Md.	eth.	Ru)	ppe		
PARENTS	FATHER  11 BIRTHPL OF FATHI (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or THE ABOVE IS	ACE ER country) NAME ER ACE ER Country)	El To Th	Md. izab  Md  EBEST	eth rofm Ru	Cl:	ppe		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Corner

Registration Dist. No.21

n's Corner St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH August	17, , 1930
	(Day)(Year)
17 I HEREBY CERTIFY, That I atte	
192 , to	
that I last saw halive on	
and that death occurred on the date stated at The CAUSE OF DEATH * was as follows:	above, atm,
Accidental burning (ae ent)	roplane accid
1 (Duration)	yrsds.
Contributory Secondary	
(Signed) D. a. Bleep	yrsde.
(Signed). 8-17 1930 (Address) Pasade	
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place of death	yrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug. 19 19 30
John F. Denny	715 Light St

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without muce record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many material Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The valvular heart disease Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated that: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, House muid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At ochool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on mny form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a...litional line is provided for the latter statement; it n ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. Physician, Compositor, Architect. Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed The material But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhaid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Preumonia").

quences (e.g., sepsis, tetanus) may be stated under the "Puerperal seplicaemia," "Puerperal peritonitis," diseases resulting from childblrth or miscarriage as stated unless important. Example: Measles Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely, and qualify as Accidental, suicidal, or Homicidal, or can be ascertained as the cause. Always qualify all "Uraemia," "Wenkness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." "Anaemia" ary), 10 ds. causing denth), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Examples: State cause vulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. ...... (name orlgin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart discuse; FOR VIOLENT BEATHS State MEANS OF INJURY "Debllity" ("Congenitul," "Scnile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-Never report mere symptoms or terminal Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory Committee on (disease (mercly (secondnot be

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1930

ERVED FOR BINDING  WKTHIS IS A PERMANENT CORD  y supplied. ACE should be stated EXACTLY, PHYSI- in terms so that it may be properly classified. Exact	F.	)		, PHYSI- ed. Exact	
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PLACE OF DEATH	12151 STATE OF MARYLAND
County a. C.	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Chunapolis (No. 39 Mus	Nay Uve St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME VILLIAM IV.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White Single, Markey Wildows, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  Sept 27, 1859  (Wonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the daceased from  2 S 1939 to 0.2 2 1929  that I last saw h 102 alive on 1939 to
7 AGE    If LESS than	and that death occurred on the date stated above, atm,
71 yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	uphsel
particular kind of work Sullaman.  (b) General nature of industry	
business, or establishment in W. 13 G. P.R. Co. which employed or (employer) W. 13 G. P.R. Co.	(Durstion)
9 BIRTHPLACE (State or country) Annaholis Md.	Contributory Secondary  Ouration  Mosde.
10 NAME OF Charles H. Russell	(Signed) (Address) Orlandolle M. B.
ST 11 BIRTHPLACE OF FATHER (State or country) Amapolis My.	*State the Disease Causing Death; or, it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sempa B. Mitchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Chinapoles Uld	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Carrie Q. Tussell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chinapolio Ufd.	St anne Cent 607-31, 1950
Filed Oct 29 19230 Joseph C. Fregitrar	John W. Vayler andpolis
If more bianks are needed, address State Registra	r, 6 W. Saratoga St., Balto., Raquesting V. S. No. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Faguer fre report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECOKD. Every item of infor-X. PHYSICIANS should state Exact statement of OCCUPA-

A PERMANENT RECO

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

is very important.

LION

Informant. (Address) /

should

WITH UNFADING carefully supplied.

ARGIN



occurred in or instituits NAME street and

wn and State)

ceased from

HEALTH DEPARTMENT	—CITY OF BALTIMORE
CERTIFICATE	E OF DEATH.
2-FULL NAME Seasur Pulk  (a) RESIDENCE No. 3 Que Broak  (Usual place of abode)  Length of residence in city or town where death occurred 25 yrs. mos.	Park (REGISTERED N. (If deat a hospitation, given instead on number.)  WARD  (If non-resident give city or to death the large of the la
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
3 SEX 4 COLOR OR RACE 5 Single, Married, Wildowed, b) Divorced, (write the word)  A color of RACE b) Divorced, (write the word)	16 DATE OF DEATH (month, day, and year)
5a If married, widowed, or divorced HUSBAND of Charmer Pulherfund	that I last saw he rative on free f
6 DATE OF BIRTH (month, day, and year) Sylv 15 / 75	and that death occurred, on the date stated above, at
7 AGE Years Months Days If LESS than I day,hrs. ormin.	The CAUSE OF DEATH* was as follows: Bronchial Octume
8 OCCUPATION OF DECEASED  (a) Trade, profession or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	duration) yrs. 2  CONTRIBUTORY (Secondary) (duration) yrs.
9 BIRTHPLACE (city or town) Branch Cylinder (State or country)	If where was disease contracted If not at place of death?  Did an operation precede death?  Date of
10 NAME OF FATHER Value Whooling love 11 BIRTHPLACE OF FATHER (city or town) (State or country Bushly very V. V.  12 MAIDEN NAME OF MOTHER Course Hoely 2	Was there an autopsy?  What test confirmed diagnosis Physical (Signed)
13 BIRTHPLACE OF MOTHER (city town) 11. Linguis	*State the Disease Causing Death, or in deaths fron state (1) Means and Nature of Injury. and (2) wh Sulcidal, or Homicidal. (See reverse side for additional

Violent Causes, nether Accidental, space.)

DATE OF BURIAL

...mos. .....

ADDRESS

Filed 6-10 19 Chas. H. Brooke M.D. Registrar

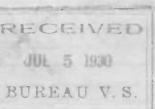
[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statepation whatever, write Nonc. occupations of persons engaged in domestic servmobile factory. The material worked on may form ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially industrial employments, it is necessary occupation is very important, so that the relative account of the disease causing death, state occu-If the occupation has been changed or given up on ice for wages, as Servant, Cook, Housemaid, etc. the household only (not paid Housekeepers who without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., Stationary Fireman, etc. Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, e. g., Farmer or Planter, Physician, Compositor, respective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits can be known. business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from Care should be taken to report specifically the Women at home, who are engaged in the duties of word or term on the first line will be sufficient, Statement of Occupation .- Precise statement of as Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mendistis"); Diphtheria (avoid the use of "Croup"); "hyphoid fever (never report "Typhoid pneumonia", unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name ori-

cidal homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accidations on statement of cause of death approved consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommennature of the injury, as fracture of skull, and soned by carbolic acid-probably suicide. tion was undertaken. For violent deaths state as "Puerperal septicemia," "Puerperal peritoniascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conor terminal conditions, such as "Asthenia," "Anæease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms by Committee on Nomenclature of the American dent; Revolver wound of head-homicide; MEANS OF INJURY and qualify as accidental, suitis," etc. State cause for which surgical operastated unless important. ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; gin "Cancer" is less definite, Medical Association. Example: Measles (disaffection need not be The contributory (sec-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



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	1	

PLACE OF DEATH County arundel

#### STATE OF MARYLAND CERTIFICATE OF DEATH

22

	1004	Registration Dist. No.
Vi	2FULL NAME & Frank Ru	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 193 (Year)
6	DATE OF BIRTH  (Month) (Day), (Year)	I HEREBY CERTIFY, That lattended the deceased from 1929, to June 30, 1930, that I last saw I malive on Jeff 8 1, 1820,
	AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
	a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Schaulisa Mos ds.  Contributory Secondary  Duration) yis mos ds.
ENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Anglow	(Signed)  *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14	(Informant HOLL) A GUILLE (Address) (Address)	Where was disease contracted, if not at place of dea.h?  Former or usual residence
15	Filed Sept 10 1930 N.L. Jones	20 UNDERTAKER JO A DORESS KINTONE

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

202 ż

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemail, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyr.8 .. (b) Cotton mill; (a) without more precise specification as Day specifically the occupations of For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, (b) persons en-Grocery;

Streement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferre (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1930

"Enhaustion," "Heart range," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease approved telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJUNY State cause for which surgical operation was under-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi by Committee on or intercurrent) affection need not be ass important. Example: Measles (disease 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease, " "Coma, etc. The Nomenclature " "Convulsions, contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ORE	XACT class ate.	Villa	age or City Alverna ark (No.,
	EC(	ate EXA		2 FULL NAME Mrs. Mary Juse
	TZ	+0 A C		PERSONAL AND STATISTICAL PART CULARS
be be			3 ST	male Thite Single, Married Wildowed Own Divorced (Write the word)
DING	PEI	should it may on bac	6 D.	ATE OF BIRTH
BIND	Y.	that		March 11, 1869
	SIS	not	7 AG	(Month) (Day) (Year)
FOR	H	0 +		dayhrs.
Ĭ.	-	supplications see ins		
RESERVE	WITH UNFADING INKTHIS	arefully in plain ortant: S	pa (b bı	Trade, profession or articular kind of work.  General nature of industry usiness, or establishment in hich employed or (employer).
	NFAL	EATH y imp	9 BI	(State or country) Hilmington, Delaware
MARGIN	IN H.	hould OF DE		10 NAME OF Jas. M. Mcalister
M	WIT	USE ION	ENTS	11 BIRTHPLACE OF FATHER (State or country) Lonegal, Ireland
	NLY,		PARI	12 MAIDEN NAME Nellie Mª Laughlin
	TANK TO	d state		13 BIRTHPLACE OF MOTHER (State or country) Donegal, Ireland
	WRITE	of	14 T	(Informant) The BEST OF MY KNOWLEDGE
÷.	N	Every Item CIANS sho statement	15	(Address) Severna Park Md.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-ion, give its NAME in-..... Ward) stend of street and gumber.)

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	mber 12th (Month) (Day	1930
	(Month) (Day)	(Year)
17 I HEREBY CE	RTIFY, That I attended th	e deceased from
	1930, to Dec/	
	alive on Dec. 11.	
and that death occurred	on the date stated above,	at 70 m
The CAUSE OF DEATH		
	p p	
Urleri	Selevosi	
	Grade	al
	(Duration)yrs	mot
Contributory Secondary	(Duration) yrs.	cardic

..... 1929 (Address) 31.V. \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place	In the
At place of death yrs mosda.	State, yrs mos da
Where was disease contracted.	

if not at place of death?

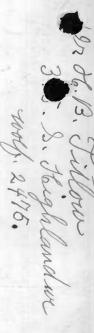
(Signed)

Former or usual residence,

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestion V. S

Registrar



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foremau," "Manager," "Dealshould be used only when needed. As examples: (a) a 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healther," etc., without more precise specification as Day Civil engineer, Stationary fremen, etc. But in many tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housenwid, etc. If the occupation has been chauged to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup")); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Astheuia," "Anacmia" ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Measles (disease symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 de.; Bronchopncumonia (seconduse of "Tumor" for malignant neoplasms); Measles; ...... (uame origin; "Cancer" is less defiuite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakuess," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08928 STATE OF MARYLAND
County Kune Kurdel	CERTIFICATE OF DEATH
Village or City Aurafoles (No. Emu	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEOD, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that Clast saw he alive on Lugar 24, 1921.
7 AGE   If LESS than   I day hrs.   If LESS than   I day hrs.   If LESS than   If LESS	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	· Grence, Como
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  (State or country)	Contributory Courte Nephratian de.  Contributory Courte Nephratian de.  Contributory Courte Nephratian de.  Dynation), yrs. mos. de.
10 NAME OF FATHER FLAME, P. Sames  11 BIRTHPLACE OF FATHER (State or country)  Common	(Signed) M. D.    1970 (Address)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) March. R. & Conservation	Where was disease contracted, if not at place of death?  Former or usual residence. The state of Burial Date of Burial
(Address) Sauth. River. m.	Ont. Geor Cenely aug 26, 19 00 and and all of the points among and all of the points are all of the points and all of the points are all of the points a
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Former (re-Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, sicion, Compositor, Architect, Locomolive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Doy For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," ctc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of death lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonitis," clc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic etc. volvular heart discase; The contributory Measles ; not etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

4 COLOR, OR RACE

(Month)

If more bianks are needed, add

	13510 STATE OF MARYLAND CERTIFICATE OF DEATH
1. 1	Registration Dist. No. 21
Ellie 74!	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 SINGLE, MARRIED, MUNICA WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH WOY 25 , 193 0
15, 1890	17 I HEREBY CERTIFY, That I attended the deceased from 24 1930 to 25 , 1980,
(Day) (Year)	and that death occurred on the date stated above, at // / / / / / / / / / / / / / / / / /
nos. ds. or min.?	The CAUSE OF DEATH * was as follows:
selle	(masin)
	Contributory Brucho Pussessia
ld. mass	Secondary (Dulation)
P Z Cook	(Signed) M. D. M. D. War 150 (Address) aunofile In
	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MY KNOWLEDGE	At place flux wolfs, In the of death Juyrs
Same	Former or usual residence Narwyad a. C.
saacond	all Hallows Date of Burial OR REMOVAL DATE OF BURIAL NOV 27, 1930
29 4 C. Joya Tolk	B L Hopeping ann goods
needed, address State Registrar	, 16 W. Saratoga St., Bulter, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomative engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation e None. (a) the kind of work and also (b) the not gainfully em-(3) Grocery;

Statement of Cause of Death—Name, first, the dissection with respect to time and causation), using always the same accept—deter in for the same disease. Examples: "erebrayinal fever (the only definite synonym is "Epidemi cerebrospinal meningitis"); Diphtheria avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL portionitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, (secondar/ or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainelanus) may be stated under the head of "contributory." Recommendations on statement of cause of "Atrophy," "Collapse." "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sorcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY name origin; "Cancer" is less definite; avoid Chronic valvular heart diseose, etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed

#### PLACE OF DEATH

Anne Arundel

14629

#### STATE OF MARYLAND

ĺ	i	ł	۲	1	C	A	1	E	U	r	U	EA
	-							5.				2

DATE OF BURIAL

ownsville . Md

12-16.

ADDRESS

	Crownsville State Hosp  Sampson - Danie	tion, give its NAME in stead of street and
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male black	R OR RACE SINGLE, UNKNOWN MARRIED, WIDOWED, OR DIVORCED (Write the word)	December 13th 192.30 (Month) (Day) (Year)
6 DATE OF BIRTH	unknown , 1892 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec. 9th 1920 to Dec. 13 , 19230 that I last saw h &m alive on Dec. 13th , 19230
7 AGE 38	If LESS than I day hrs or min.	and that death occurred on the date stated above, at 5: 30P. m.
(a) Trade, profession of particular kind of work (b) General nature of in business, or establishme which employed or (emp. 9 BIRTHPLACE (State or country)	ndustry nt in ployer)	Citement  (Duration) 3 Weeks  Contributory Secondary
10 NAME OF FATHER	Kansas Unknown	Signal Hard Market State M. D.
OF FATHER Z (State or country)	Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	Unknown	ients or Recent Residents)  At place of deathyrsmosds. In the StateJmknownds.  Where was disease contracted,

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR REMOVAL

Hospital Cemetery

20 UNDERTAKER

WRITE

(Informant)

15

(Address)

Crownsville,

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report Civil engineer, Stationary freman, etc. But in many Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesmon. without more precise specification as Day specifically the occupations of For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-6 persons en-Grocery,

Statement of Cause of Death—Name, first, the Tisease causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart diseose; Example: Measles (disease etc. The contributory Nomenclature of the death

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-PLACE OF DEATH County (90) be stated EXACTLY, P be properly classifled: ck of certificate. PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) back should it may DATE OF BIRTH be carefully supplied:
EATH in plain terms so that i (Day) X (Month) (Year) If LESS than 7 AGE I day hrs. -THIS OCCUPATION (a) Trade, profession or particular kind of work NK (b) General nature of industry business, or establishment in UNFADING which employed or (employer) 9 BIRTHPLACE (State or country) very 10 NAME OF should FATHER OF 9 11 BIRTHPLACE 6 CAUSE OF FATHER Every item of information s CIANS should state CAUSI statement of OCCUPATION ENT (State or country) 12 MAIDEN NAME 2 4 OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) (Address) File m If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

16 DATE OF GEATH 22	19230
(Month) (Day)	(Year)
17 I HEREBY CERTIFY, That I attended the dece	eased from
192 to	, 192,
that I last saw halive on	., 192,
and that death occurred on the date stated above, at	m,
(Duration) yrs, mos	ds.
Contributory Civisio & Collerosio	
(Signed) John W anderson J.P. Coling to Con	Wen. D.
*State the Disease Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	s from Whether
18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents)	ns, Trans-
At place In the of deathyrs	nosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
Hamel Hear Couly uf	19.80
W M Talbett Wills	ry

BINDING

FOR

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the stated unless important. inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Whooping cough; Chronic valvulur heart disease; Chronic interstition nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (c g., sepsis, carbolic ocid—probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondar/ or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Example: Measles (disease

If this certificate is looked over thoroughly and a questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the vertificate is permanently filed.

V. S. No. 1

1.0

	PLACE OF DEATH  County	12571 STATE OF CERTIFICATE Registration	
K	illage or City Homewood (No	St:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3	Male White Single, MARRIEDWIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH Moreh (Month)	17 , 19 <b>3</b> 0
6	August Io , 1847 (Month) (Day) (Year)	that I last saw h Amalive on Ma	tended the deceased from the 1930, 1930,
7	AGE   If LESS than   I day hrs.     hrs.   or min.	and that death occurred on the date states The CAUSE OF DEATH * was as follows:	l above, at 4 P m.
	(State or country)  (a) Trade, profession or particular kind of work Retired Sexton Of  (b) General nature of industry  which employed or (employer) St. Annes Church  BIRTHPLACE  (State or country)  Annapolis Md.	Contributory Att Contributory (Duration)	yrs. mos. f. ds.
0 A 10 T A 10 A 10	(State or country) A. A. CO. Md.	*State the Disease Causing Death, Violent Causes, state (1) Meaas Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi	
14	13 BIRTHPLACE OF MOTHER (State or Country) Unknown THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place In the of death yrs mos. ds. Sta  Where was disease contracted, if not at place of death?  Former or usual residence.	teyrsmosds.
1	(Informant) William C. A. Sands  (Address) Annapolis Md.  Filed June (579237 July C. June)	St. Annes Cemetery 20 UNDERTAKER John M. Taylor	Mar. 20, 1930  Address  Annapolis Md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of contilicate. ECORD-AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	03942 STATE OF MARYLAND
County And Amall	CERTIFICATE OF DEATH
Bookly Park 105-6	The ave Registration Dist. No. 213
2FULL NAME William Hornion	St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Afril 14th, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH May 12 14, 1856 (Month) (Day) (Year)	THER BY CERTIFY, That I attended the deceased from 1929 to 14 9 1930, that I lest sew h walve on 1911 - 9 19 1920
7 AGE   If LESS than	
yrs. // mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows
B OCCUPATION  (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	Durstion) vie Comos de.
9 BIRTHPLACE (State or country) 2nd.	Contributory Secondary (Dufition) 4 vs. mos ds.
10 NAME OF FATHER TREE LEAST T. Soppreton	(Signed) Cobert W Johnson M.D. H14/30192 (Address 3564 Hanous 8t.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Harale Frefails	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Md	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, if not at place of deah?
anformant Mony & scappington	Former or usual residence
(Address) 105-6 th are Poply	Ledor Hill eventy 4/16, 1930
Filed 4/-/6 1933 & Janus Hange	20 UN DERTAKEB Swin ook 1217 Hault.
If more bianks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more relationer, Earn laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken nature of the husiness or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJUNY . (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; etc. The contributory affection need not be

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V. S. No. 1

N. B.

PLACE OF DEATH	()7141 STATE OF MARYLAND
County a. a.	CERTIFICATE OF DEATH
1/ 1/ 1 100 2	Registration Dist. No.
I torelwas drello h	
2FULL NAME Charles Hum	St.: Ward)  St.: Ward)  Office the occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male Colored Whowever and	(Month) (Day) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That   attended the deceased from
Jest. 27 1929	Jule 13 1930 to Jule 17, 1930
(Month) (Day) (Year)	hat I last saw has alive on Verse 17, 1923.0
7 AGE [If LESS than	and that death occurred on the date stated above, at
vrs. 8 mos. 21 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	TP /
(a) Trade, profession or particular kind of work	1 ick ots
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE	Contributory
(State or country) Many and	Duration) yrs. mos. ds.
10 NAME OF THE	(Signed) Tofancaster M.D.
11 BIRTHPLACE	June 17 1930 (Address) Bocoil. luck
OF FATHER (State or country) Mury Carel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whother Accidental, Suicidal or Homicidal.
of MOTHER Tosis Horoard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Mary Caned	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Themes XI. Samueles	Former or usual residence
(Informant) / Muller 14. villations	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Novalloalliselly,	For Cemetery June 19, 1920
15 Filed June 18 19230 St. L. Jenes	20 UNDERTAKER ADDRESS
Filed / MME / 8 1920 Dept Hocal Registrar	Saiah Wilson Odenton 11 F.D. Md
If more blanks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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S. No. 5

PLACE OF DEATH	0137 STATE OF MARYLAND
County CC CC	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Churches (No. Converges 2FULE NAME Sylveston L	Chaffer St.: 2 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERCONAL AND STATISTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White Single, Married, Widowed. Married OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Chave 12 1898	Janey 10 194 to Jan 17, 1980.
(Month) (Day) (Year)	that I last law h malive on 12 1990,
7 AGE [If LESS than	and that death occurred on the date stated above, ntm.
31 yrs. 7 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION ()	Shary gulled blisten on heel of right foots.
(a) Trade, profession or particular kind of work	1: " O S
(b) General nature of industry	working in born & manure, for three or
business, or establishment in which employed or (employer)	four weaks until (Durstion) Jaw Jrs. Se mos de.
9 BIRTHPLACE (State or country) a. a. lo Wid-	Contributory Secondary Came stiff Owg B
10 NAME OF CALL	(Duration) yrs mos ds.
FATHER William Schaffer	(Signed) W W D.
OF FATHER	(Address)
Z. (State or country) enu,	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Was bas on and	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place Q In the
OF MOTHER (State or Country) Muhmour	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, James powelle Mf
211 t 4.00	Former or usual residence Sauthonville Mil
(Informant) Mod Auck	If Mary Sent Jan 14. 1929
Filed Jan / 3 1923 D Joney 4 C. Jestistrar	John My. Jaylu Cimebul ?
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1. M. A.
	····

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without muck recorded mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, whatever, write None. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; . Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

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PLACE OF DEATH

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(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. cupation is very important, so that the relative healthadditional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None: business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) sary to know Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on S, especially in industrial employments, it is necesyrs). Farm loborer, At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborerwho have no occupation -Coul mine, etc. not gainfully (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISABACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.], "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "PUERPERAL septicaemia," "PUERTERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvulor heart Example: Measles (disease affection need etc. The contributory Nomenclature Always qualify all Measles; not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSL. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING V, S ---THIS FOR RESERVED NX WITH UNFADING MARGIN INLY, WRITE

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	2 FULL NAME		nan Schieck articulars	MEDICAL CERTIFICATE OF DEATH
s sex		e WHO	GLE, RIED, DEVORCED 1916 ite the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DAT	re of birth	er. 5 1867	7, 1 (Day) (Year)	Feb 1 19230, 10 July 7, 1923
	·····yrs.			
(a) part (b) bus whi	UPATION Trade, profession or ticular kind of work General nature of indu iness, or establishmen ich employed or (employed)	Watchman. stry t in oyer)		
(a) part (b) bus whi	Trade, profession or ticular kind of work General nature of indu iness, or establishmen ich employed or (empl	Watchman stry t in oyer)	for City	Chronic Mephrelis  Duration June  Contributory  Secondary  Contributory  Secondary  Contributory  Secondary  M.  (Signed)  M.  M.
(a) part (b) bus whi	Trade, profession or ticular kind of work	Watchman stry in oyer) Md.	for City	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether
(a) part (b) bus whi	Trade, profession or ticular kind of work General nature of indu iness, or establishmen ich employed or (employed or (employed) THPLACE (State or country)  O NAME OF FATHER	Watchman stry in oyer) Md.	for City Em Schieck Germany	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violeht Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans.
(a) part (b) bus whi	Trade, profession or ticular kind of work General nature of induiness, or establishmen ich employed or (empl.) THPLACE (State or country)  O NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME	Watchman stry t in oyer)  Md.  Willia  Clizabet	for City Em Schieck Germany	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violeht Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cn-(a) Foreman. (b) Automobile factory. Whatever, write None. tired 6 yrs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material

spinal meningitis"); Diphtheria (avoid use of "Cronp"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Corcbrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS-

> stated unless important. Example: Measles (disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, OF "Puerperal septicucmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the canse. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) ......(name orlgin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. State cause for which surgicul operation was under-Nomehclature of the American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on stateaffection need not be "Anaemia" Always qualify all (second-(merely

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed,

RECEIVED

JUL 16 1930

BUREAU V. S

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LAINLY, WITH UNFADING INK-THIS IS A PERMANENT	nation should be carefully supplied. AGE should be stated EXACTLY. In plain terms, so that it may be properly classified. Exact statement uctions on back of certificate.
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instructions

Inform

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DEATH

OF Every item CAUSE OF important.

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PHYSICIANS Short OF OCCUPATION

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 129 lif death occurred in St: .....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, ....hrs. OR .....min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER , 19DO (Address) 2 NHelton 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. .... ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL recum DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S No. 1

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For VIO-

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BUREAU V.

PLACE OF DEATH	06422 STATE OF MARYLAND
County (in assistant	CERTIFICATE OF DEATH
	(31) Registration Dist. No.
Village or City She he by Slacka-	St.: Ward) a hospital or inst
The Section	tion, give its NAME stend of street
2FULL NAME of annial I lassifily	Bchmunk c number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH A MAN 18
Male Mari (Write the word)	(Month) (Day) (Year
6 DATE OF BIRTH	17 I HERTOY CERTIFY, That I attended the deceased f
Feb. 9 . 1879	100000
(Month) (Day) (Year)	that I last saw hallive on 19 19 2457
7 AGE If LESS than	
ds. or min.	
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Transport
9 BIRTHPLACE	Contributory (Secondary
(State or country) / Isliemuri	(Duration) yrs
10 NAME OF FATHER	(Signed)
11 BIRTHPLACE	(Address)
OF FATHER (State or country)	State the liscase Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAILEN NAME	Accidental, Suicidal or Homicidal.  13 LENGTH OF RESIDENCE (For Hospitals, Institutions, 1st
of MOTHER Comma Olech	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmos
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Am WH Togel	usual res.dence
(1)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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(Address) Shuth Uy of La Con	- Covam Tour Summer, 17
15 Filed June 19 130 Caldwelle Ooo	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

laborer, should be used only when needed. As examples: (o) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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Ocel 12 Miles

r. S. No.

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PLAC	CE	OF	DEATH	
	AI	nne	Arundel	-313

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22,

DERCON	AL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
sex	4 color or RACE		16 DATE OF DEATH  January  (Month)  17 I HEREBY CERTIFY, That I att	(2/43/
DATE OF BIR	TH  Nof. (Month	(Year)  (Day)  (Year)  (Grear)  (Grear)  (Grear)  (Grear)  (Grear)  (Grear)  (Grear)  (Grear)	March 31 1929. to Januard that I last saw h im alive on Januard that death occurred on the date stated.  The CAUSE OF DEATH * was as follows:	uary 17,, 192 lary 16,, 192 above, at 3:008.
business, or which emplo BIRTHPLACE (State or c	establishment in yed or (employer) E ountry)	unknow	Contributory Secondary (Duration)	y18. mos
10 NAME FATHER		E , M E N	(Signed) 73 / Cu 1/17/ 192 30(Address) Lau:	rel, Md.
OF FATZ (State		n.	*State the Discase Causing Peatl Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) whether
12 MAIDE V OF MO		13	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Tea
13 BIRTH OF MO (State		٠,	At place of death yrs 9 mos. 17ds.	tateyrsmos
	E IS TRUE TO THE BE	Mel. H. of Correct	Where was disease conducted, if not at place of death?  Former or usual residence	DATE OF BURIA

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S/No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stetionary fireman, etc. But in many Locomotive engineer (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia";

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
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"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic etc. The contributory valvular heart discase Measles .

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of occupationate. CORD WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AINLY, V. S. No. 1.

N. E. ...

PLACE OF DEATH	CERTIFICATE OF DEATH
County Amy Aman De	Registration Dist. No. 27
1. Carlo Mar 1	
Village or City (No. (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Exa Roso Scho	ion, give its NAME in- etead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	IG DATE OF DEATH
WIDOWED OR DIVORCED	(Month) (Day) (Year)
Almal   (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
6/Dec, 1924	that I fast saw halive on
7 AGE (Month) (Day) Year	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH 1 was as follows:
	susenta differion
8 OCCUPATION (a) Trade, profession or	Suping in wis with
particular kind of work	nether
(b) General nature of industry business, or establishment in	Orls les Mouration) yrs de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Anno Arunoll Co 10	(Duration) yrs, mos. de
10 NAME OF FATHER	(Signed) M.D.
9 11 BIRTHTLACE	3 Selve 192 (Address) MM Recelled
W Charles Country Will O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients, or Recent Residents)  At place
Assets programmes and Coll	of death yrs. mos. da. State, yrs. mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Unformant Ninnis Bussey Schults	Former or usual residence.
6 min /mgg	19 PLACE OF BURIAL OR REMOVAE   SATE OF BURIAL
(Address) Devol	Triendship Cemetery Jeby 7 , 1921.
Filed Feb 5 1930 N.L. Janes	20 UNDERTAKER ADDRESS
Defy a callegistrar	6. A. Jisher Laurel md
if more binnks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. L

CTATE OF MADVIAND

#### EVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

in work, or At Home, and 4. definite salary), may be entered as Housewife, Housepleyed, as At school or At home. Care should be taken shousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enon at home, luborer, Farm luborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day additional line is provided for the latter statement; it Wlatever, write None. bu in ss, that fact may be indicated thus: Farn v (restate occupation at beginning of illness. If retired from or given up on account of the Disease Causing Death, Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Lecomotive the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed Statement of Occupation - Precise statement of oc-6 yrs.). For persons who have no occupation engineer, Stationary fremen, etc. For many occupations a single word or who are engaged in the duties of the ehildren, not gainfully em-As examples: (a) But in many therefore an ongincer, term on

Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis"): Diphtheria (avoid use of "(roup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corolina to time and causation), using always the same accept-MASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis pneumonia, Bronchopneumonia

> head symptomatie), "Atrophy," "Collapse," "Coma, quences (e.g., sepsis, tetanus) may by stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as acendewrat, suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemin," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental throwning; Struck by railway State cause for which surgical operation was under-"Purperal septicaemia." Puerferal peritonitis," vulsions," stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; ..... (name origin; "Cancer" is less definite; avoid of contributory." (R commend tions on state-FOR VIOLENT DEATHS State MEANS OF INJURI cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Mcastes The contributory terminal (disease (secondnot be (merely etc.

H (20 this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspond.

All the data is essential and must be obtained before netitions is commonwell. Sloc.

dertificate is permanently filed-

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N. B.--

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	151.05 05 05.05	01336
	PLACE OF DEATH	STATE OF MARYLAND
	County	CERTIFICATE OF DEATH
	211.01 Brech	Registration Dist. No.
ricate.	Village or City (No. 2FULL NAME auton Sch	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
1100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	Male White Single, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH 7ely 164, 1936  (Month) (Day) (Year)
ons on	6 DATE OF BIRTH  (Month) (Day), 1914  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
nstract	7 AGE	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
tant. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
roduni	9 BIRTHPLACE (State or country) Michael	Contributory Secondary  (Duration) yrs mos ds
s very	11 BIRTHPLACE  11 BIRTHPLACE	(Signed) Dy 4 1 toffman C. P. M. D. Fely 17th 1980 (Address) It Wasgassto QQG 22
	OF FATHER  (State or country)  12 MAIDEN NAMES  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Clayable Velkler  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
	(State of Country) Hunguila.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of death?
	(Informant Culou Schwalier	Former or usual residence
	(Address) It Musgaret agang.	At Waryo Cent Fely 18, 1930
	Filed M/8 19237 Fray G. C. Frag Wall	John W. Layla ansopolis
	If more bianks are needed, address State Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emlaborer, definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Stationory fireman, etc. But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Meosles, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Transition," "Heart failure," "I haemorrnage, "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

Village or City Shady Side (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26  State Ward (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME HAGITET SCOTT	number.)
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Dec 17, 1906	17 I HEREBY CERTIFY, That I attended the deceased from 192 to, 192, that I last saw halive on, 192,
(Month) (Day) (Year)  7 AGE  23 yrs. 3 mos. 20 ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:  ACCIDENTAL Drowning
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrsmos
10 NAME OF FATHER Sellman Sooth  11 BIRTHPLACE OF FATHER (State or country) Anne Arunde   Mo	(Signed) Survive M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME GUSSIE Carter  13 BIRTHPLACE OF MOTHER (State or Country) Anne Arunde I, Ma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos de State yrs de Where was disease contracted,
(Address) Shady Side, Ind.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Scott Cemeley  Date Of BURIAL  19 30
Filed apr 10 1980 Les Ment Mas Registrar	20 UNDERTAKER  20 UNDERTAKER  ADDRESS  Geleville Ma  Leleville Ma  16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never rcturn "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The Laborer-Coul mine, etc. Wom-Salesman, (b) Locomotive engineer, material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway traindiseases interstitial nephritis, resulting from childbirth or miscarriage cough; Chronic and consequences (e. g., sepsis, Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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	2FU!	LL NAM	IE. Do	lores Scot			
-	PERSON	NAL AN	D STATIST	ICAL PARTICUL			
	emale		or or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			
6 0	DATE OF BIRTH						
		•••••	Augus (Month	t 18 (Day)			
7 /	GE						
8 0	CCUPATION			mos. I I/A.			
2 th	a) Trade, pr articular kin b) General n usiness, or e	ofession d of wor ature of stablishmed or (en	or rk industry nent in nployer)	mos. I I/A.			
2 th	a) Trade, practicular kin b) General nusiness, or exhibit employ	ofession d of wo ature of stablishmed or (en	or rk industry nent in nployer)	ore, Md.			
) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or co 10 NAME C FATHER	ofession d of wor ature of stablishmed or (en untry)	or rk industry nent in nployer) Lakesh	ore, Md.			
2 th	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or co 10 NAME C FATHER	ofession d of wo ature of stablishmed or (en untry)  ACE LER r country)	or rk industry nent in nployer) Lakesh Arthur Md.	ore, Md.			
ARENTS 6 C	a) Trade, prarticular kin b) General n usiness, or e which employ BIRTHPLACE (State or co 10 NAME C FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH	ofession d of wor ature of stablishm red or (en untry)  F  ACE IER r country)  NAME HER  LACE	or rk industry nent in nployer) Lakesh Arthur Md.	ore, Md.			

OF	DEATH	0892

(Year IIILESS t I day

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.21

(If death occurred in a hospital or institu-St.: Ward)

tion, give its NAME it -stead of street and number.)

MEDIC	AL CERTIFIC	ATE O	F DEA	TH	
16 DATE OF DEATH				, 1931	
17 I HEREBY	CERTIFY, Tha	t I atte	nded th		from
that I last saw h	Talive on A	ug.	20	, 19	30
and that death occur The CAUSE OF DEAT Prematuri	H * was as foll-		bove, at	2 8	l om
			***************************************		
Contributory Secondary	(Duration	***************************************	yrs	wa 242 2 0 m 0 0 0 0 m a 0 0 0 0 0 0	ds
(Signed)				-40000000000000000000000000000000000000	171. 2
*State the D Violent Causes, st Accidental, Suicidal					
18 LENGTH OF RE ients or Recent Re At place of death yra	SIDENCE (For sidents)	In the State.	Is, Inst	itutions, 7	Trans
19 PLACE OF BURIA	L OR REMOVAL		DATE	OF BURIA	L
			0 0		
Cedar Hil	1 Cemete	ry	ADDRE	.0	30

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid etc. The contributory valvular heart disease;

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PLACE OF DEATH

Mundel

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-

ATE OF BURIAL

Scott	stead of street and number.)
MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH Opril	70, 1930
(Mon	th)(Day) (Year)
17 I HEREBY CERTIFY, Th	at I attended the deceased from
192 to	, 192,
that I last saw halive on	, 192,
and that death occurred on the dat	
The CAUSE OF DEATH * was as fol	
Accidental	Drawning
9.	The state of the s
***************************************	***************************************
	With the state of
55-35-35-35-36	- потот т о о о о о о о о о о о о о о о о
(Duratio	n)yrs mosds.
/ Secondary	**************************************
(Signed) Louis & Sugar	on)yrs,mosds.
10 hours / Keigh	est A JP
(Signed)	Jeling Brown
(Address)	Interict man
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Dooth or in dooths from
1B LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
ients or Recent Residents)	
At place of deathmosds.	In the Stateyrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Baltd., Requesting V. S. No. 1.

IIILESS than I day hrs

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, to know For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as coughe Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PP	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled.	
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Village or	FULL NAME		Mary Ja	ne Sco	
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3 SEX female	4 COLOR OR black	MA WII OR	GLE. WIQ RRIED, DOWED, DIVORCED ite the word)	owed	16 DATE OF DEA
6 DATE OF	Unkno	) Wn (Month)	(Day)	1 855 (Year)	17 I HER May 24th that I last saw h
7 AGE	75 yrs.	mos	1	LESS than day hrs.	and that death of The CAUSE OF D
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(State of Manual Control of Ma	E OF ER U HPLACE LTHER e or country) DEN NAME DTHER HPLACE	Inknown Unknown	m		(Signed)  Nov. 7  *State the Violent Cause Accidental, Suic

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

November 7th (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 160 to November 7 , 192 30 hat I last saw her alive on November 7 , 192 30 nd that death occurred on the date stated above, at .. 5: 30P.m. he CAUSE OF DEATH \* was as follows:

General Arteriosclerosis

(Duration) Senifity Contributory

19230 (Address) Cr Ownsvi \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents) t place In the

Vhere was disease contracted, not at place of

vra. 5 .... mos. 14 ds.

9 PLACE OF BURIAL OR REMOVAL Hospital Cemetery

DATE OF BURIAL

ADDRESS

Crownsvi lle . Md

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requeating V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a r," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on American Medical Association.) stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitud nephritis, Whooping cough; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease, etc. The Nomenclature of the contributory

V. S. No. 1

PLACE OF DEATH	103945 STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
	Registration Dist. No. 26
Village or City Stady Side (No.	St.: Ward) (If death occurred in
2FULL NAME Presion Sco	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 193 (Month) / (Day) /93 QYest)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 2 , 1910 (Month) (Day) (Year)	that I jast saw h
7 AGE  19 yrs. 11 mos. 5 ds. or min.?	and that death occurred on the date stated above, atm,
(a) Trade, profession or particular kind of work Oysterman	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,de,
9 BIRTHPLACE (State or country) anne Arundel Md	Contributory Secondary
10 NAME OF Sellman Scott	(Signed) Rous & Sugar Carolle Control
11 BIRTHPLACE	Apr. 9 180 (Address) Soleville The
OF FATHER (State or country) Unne Arundel Ma	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Gussie Carter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Anne Arundel, Md.	At place of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) James A. Crowner	Former or usual residence
(Address) Bhady Tide mo	South Chiefly Sate of Burial 1, 1930
Filed apr 10 1980 Geo Bent MD	20 UNDERTAKER Sporess Ma
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balco., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Having and Age," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need not be Chronic etc. The valvular heart disease; contributory " Shock," Measles ;

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	2	observation and and and and and and and and and an	***************************************		The state of the s		Dist, No. 2/
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	<sup>2</sup> FULL NAME	ļ	Johr	n Seldon			stead of street and number.)
	PERSONAL AND	STATIST	CAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
s se		ek	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word		16 DATE OF DEATH		(Day) (Year)
6 DA	TE OF BIRTH					CERTIFY, That I att	ended the deceased from
		unknov (Month)		, 1 86: (Year)		Malive on July 2	y 22nd , 1920, 22nd , 19230,
(a)	E 65  CUPATION  Trade, profession of ticular kind of work	r T	hown_d	If LESS than I dayhrs. ormin.?	The CAUSE OF DEAT	H * was as follows:	above, at .1.2; 1.5P.m.
(b) bus	General nature of in iness, or establishment ich employed or (emp	ndustry nt in				(Duration)	Inyrs, O. Amos ds.
9 BIF	RTHPLACE (State or country)				Contributory Secondary	Senility	The Mark of the
1	O NAME OF FATHER	Virgin Henry	Seldon		(Signed)	K // //	MFWale, M. D.
SENTS	OF FATHER (State or country)	Virgin	iie		*State the Di Violent Causes, st	ate (1) Means of In	or, in deaths from jury and (2) Whether
PARE	2 MAIDEN NAME OF MOTHER	Julia	ann (un	iknown)	Accidental, Suicidal	SIDENCE (For Hospi	tals, Institutions, Trans-
1	3 BIRTHPLACE OF MOTHER (State or Country)	Virg	gin <b>i</b> s		At place of death	os. 15.ds. In the	ds.
14 TH	E ABOVE IS TRUE T	O THE BEST	OF MY KNOW	LEDGE	if not at place of dead	h?	
	(Informant)	Hospi	tal Reco		usual residence		DATE OF BURIAL
	(Address)	Group	aville	)	Mt. Calvary	Cemel	July 25, 1930.
15 F	iled aly 23	ł.	000	7CC Registrar	Mrs. R. A.	Eliott	125 ashlandas
	If more	bianks are	needed, address	State Registra	r, 16 W. Saratoga St., I	Balto., Requesting V.	S. No. 1. Ball

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Houseward, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusinas, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekcepers who receive a laborer, Foreman, (b) Automobile factory. The materia. engineer, Stationary freman, etc. But in many or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons If the occupation has been changed who have no occupation not gainfully em-(3) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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AUSE OF DEATH in plain terms so that it may be properly classified	10N is very important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Anne Arundell 129 Registration Dist. No. 7 Crownsville Swate Hospital (If death occurred In a hospital or institu-tion, give its NAME is St.: Ward) stead of street and Clara Sharps **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. Single 16 DATE OF DEATH bruary 1, 1930 Colored WIDOWED. Female OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 28, 19292 August 1882 Unknown that I last saw her alive on February (Month) (Dav) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at. I day hrs. The CAUSE OF DEATH \* was as follows: unknown Keynauds Disease ds. or min.? OCCUPATION (a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Chronia Intersti Contributory 9 BIRTHPLACE Secondary (State or country) Maryland 10 NAME OF FATHER Columbus Wheatly (Address) Crownsville 11 BIRTHPLACE Maryland OF FATHER ENT \*State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME AR Adeline Sharps OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-1 ients or Recent Residents) 13 BIRTHPLACE In the 48 At place of death OF MOTHER Maryland (State or Country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?... Dorchester Co. Md. Former or Hospital Records usual residence. DATE OF BURIAL (Address) Crownsville State

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement.

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> tstanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-.. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic etc. valvular heart disease; The contributory

1PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City famafishs (No. 89 Character No. 80 Charac	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (Day) (Year) (Ye
7 AGE (Month) (Day) (Year)  7 AGE	
o OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) yrs mos de.  (Durstion) yrs mos de.
10 NAME OF FATHER RICHARD Shups- 11 BIRTHPLACE OF FATHER (State or country) Amount of the state	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted,
. (Informant) Il learn A Sharfes (Address) 8 9 18 harles	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  BLC. 15, 1930
Filed 14 19230 Fray 6 . Fragstrar  If more branks are needed, address State Registrar	ar, 16 W. Satatoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (o) Salesman, nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

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PLACE OF DEATH Count Well Verwedel	01338 STATE OF MARYLAND CERTIFICATE OF DEATH
County Was 4 course	Registration Dist. No.
Village or City Nay NVJ (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME ir- ståad of number.)  street nnd
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH S 1920 (Month) (Day) (Year)
6 DATE OF BIRTH Fet 18, 1930	17 I HEREBY CERTIFY, That I attended the deceased from  192 . to
(Month) (Day) (Year)  7 AGE    If LESS than   day   hrs.   ds.   or   min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Miscarriage at & Mouth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) May Mary Mace	Contributory Secondary Duration (most and most a
10 NAME OF PERUNIS Charps	(Signed) 192 (Address) Dep Trail R
11 BIRTHPLACE OF FATHER (State or country) Marylaced	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maggid Muchall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant Deures Harys	if not at place of dea h?  Former or usual residence
(Address) Jarno A Jug	Home of Nemis Place 2/19, 1986
Filed Jet 191930 M. Claylos	Dennis Thanks Harvon
If more blanks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto., Mquesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg: ged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, " etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the stated unless important. inges, perilonaeum, etc., Careinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "(Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory " "Convulsions,

PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enlaborer, Farm loborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.
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I day hrs.   A mos.   Case of DEATH   was as follows:	Chuzust & 1913 (Month) (Day) (Year)	
yrs. O mos. ds. or min.?  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE ((Nate or country) Lloridar  10 NAME OF FATHER (State or country) Lloridar  11 BIRTHPLACE ((State or country) Lloridar  12 MAIDEN NAME  OF MOTHER (State or country) Lloridar  13 BIRTHPLACE OF MOTHER (State or country) Lloridar  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Manie Alam  (Address) Lineary Month of the place of death)  Filed Mass of 19830 Market Mass of 1 Institutions, Transition of Country of	I day bre	The CAUSE OF DEATH * was as follows:
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to report specifically the occupations of persons enadditional line is provided for the latter statement sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At hame. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Labarerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomolive engineer, not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need Committee on Nomenclature of the Chronic valvular heart discase etc. The Always qualify all contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERSONAL AND STATISTICAL PARTICULARS  3 SEX		2F1	ULL NAME	Cha	ar re		S. A.M.S.T.
Male White Widowed.  Male White Widowed.  OR DIVORCED (Write the word)  Married. Single Widowed.  OR DIVORCED (Write the word)  Married. Single Widowed.  (Month) (Day) (Yea  Married. Single Widowed.  (Month) (Day) (Yea  Married. Single Widowed.  Married. Single Widowed.  Married. Single Widowed.  Married. Single Widowed.  If LESS to I day.  If LESS to I day.  I day.  Married. Single Widowed.  Married. Widoword.  Married. Widowed.  Married. Widoword.  Married. Widowed.  Married. Widoword.  Married. Widowed.  Married. Widoword.  Married. Widoword		PERSO	NAL AND ST	ATIST	CAL	PARTIC	CULARS
November 19, 189  (Month) (Day) (Yea  7 AGE  38 yrs. 6 mos. 29 ds. or miles of mos, 29 ds. or miles or					WID	RRIED, OWED, DIVORCE	ED
(Month) (Day) (Yea  7 AGE  38 yrs. 6 mos. 29 ds. or mos.  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Charles W. Shaw  11 BIRTHPLACE (State or country)  Cyber (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 Anna M. Eastman  15 BIRTHPLACE OF MOTHER	6 [	DATE OF B					
38 yrs. 6 mos. 29 ds. or mi  8 occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Baltimore Md.  10 NAME OF FATHER Charles W. Shaw  11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.  12 MAIDEN NAME OF MOTHER Anna M. Eastman  13 BIRTHPLACE OF MOTHER			Nov				
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Baltimore Md.  10 NAME OF FATHER Charles W. Shaw  11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.  12 MAIDEN NAME OF MOTHER  Anna M. Eastman  13 BIRTHPLACE OF MOTHER	7 4	GE	38 yrs.	6	mas	29	1 day
FATHER Charles W. Shaw  II BIRTHPLACE OF FATHER (State or country) Baltimore Md.  IZ MAIDEN NAME OF MOTHER  Anna M. Eastman  I3 BIRTHPLACE OF MOTHER	( P ( ) b	a) Trade, particular k b) General susiness, or	or of control or or of control of work nature of induses the control of control or	stry n	hoto		
OF FATHER (State or country) Baltimore Md.  12 MAIDEN NAME OF MOTHER Anna M.Eastman 13 BIRTHPLACE OF MOTHER	( P ( ) b > -	a) Trade, particular k b) General usiness, or which emplo	or of the state of the stablishment is over th	stry n er)	hoto	ograp	
of Mother Anna M. Eastman  13 BIRTHPLACE OF MOTHER	( P ( ) b > -	a) Trade, particular k b) General susiness, or which emplo BIRTHPLAC (State or o	or of the profession or or of the profession or	stry n er)	hoto	ograp	her
OF MOTHER	STN STN	a) Trade, particular k b) General usiness, or which emplo BIRTHPLAC (State or 10 NAME FATHE 11 BIRTHI	profession or ind of work nature of indusestablishment is object or (employed or (e	atry n er) ltime	hoto ore	Md. Shaw	her
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ARENTS 6	a) Trade, I articular k local carried la service servi	or country)  PLACE CHER Or COUNTRY  EN NAME	hatry n ltime rles Balt:	ore W.	Md. Shaw	her

06424

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	107 , 1930
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I att	. , ~ , ~ , ~ ,
that I last saw h Malive on	11 192 3
and that death occurred on the date stated	l above, at
The CAUSE OF DEATH * was as follows:	
Cerebal	Homorhage
	1/1
Contributory(Duration)	/15
(Duration)	yrs moe ds.
(Signed) 1925 c(Address) DM	m derling
*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospi	
ients or Recent Residents) At place	
of deathyrsds. Sta	teyrsmosds.
Where was disease contracted, if not at place of dea.h?	•
Former or	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Md.	June 19 . 1930 -
10 UNDERTAKER	ADDRESS
, John M. Taylor	Annapolis Md
r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart disease; etc. The affection need not be Always qualify all contributory

V. S. No. 1

PLACE OF DEATH	03946	STATE OF M	
Village or City West amapoli (No.	43	Registration I	Dist. No. 21
2FULL NAME Ida Estella Shaw		St.:Ward)	a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE C	OF DEATH
sex 4 color or race 5 single.  MARRIED. WIDOWED. OR DIVORCED (Write the word) Marrie	16 DATE OF DEATH	afor.	26 , 1980 (Day) (Year)
Jany. 22 , 1 86'	17 I HEREBY	CERTIFY, That I atte	ended the deceased from 26, 1923
AGE 63 yrs. 3 mos. 4 ds. or min.	The CAUSE OF DEAT	red on the date stated IH * was as follows:	a of Careum
(a) Trade, profession or particular kind of work HOUSE  (b) General nature of industry			
particular kind of work HOUSE  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Annapolis Md.  10 NAME OF FATHER William Saumenig	Contributory Secondary  (Signed)	(Duration)  Secondary  (Duration)  Willia M. (Address) Am	yrs. 8 mos. do y Anaemia yrs. 4 mos. do arti. M. D
particular kind of work HOUSE  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Annapolis Md.  10 NAME OF FATHER William Saumenig  11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	Secondary  (Signed)	(Duration)  Willia M  (Address) Death, tate (1) Means of Is or Homicidal.	yrs # mos ds  white M. D  was bolis M. G  for, in deaths from  fory and (2) Whether
particular kind of work HOUSE  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Annapolis Md.  10 NAME OF FATHER William Saumenig  11 BIRTHPLACE OF FATHER (State or country) Maryland	Secondary  (Signed)	(Duration)  Willia M.  (Address)	yrs # mos ds  artin M. D  arbolia M. G  for, in deaths from  fory and (2) Whether  cals, Institutions, Trans

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill, (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, ,, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease valvular heart disease, affection etc. The contributory need not be

S. No.

NB

PLACE OF DEATH County arms armsell	08930 STATE OF MARYLAND CERTIFICATE OF DEATH
	(82) Registration Dist. No. 27
2 FULL NAME Thomas Shear	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	august - (Month) 4 (Day) /930 Year)
6 SATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (MARK) (Day) (Year)	and that death occurred on the date stated above, atm,
6.// I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Drowned
(a) Trade, profession or particular kind of work	Occidental
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) 7/14/1-2 /m )	Contributory Secondary  (Duration)  yrsmosds.
10 NAME OF FATHER TO DUE TO THE TOTAL OF THE PATHER TO THE TOTAL OF THE PATHER TO THE	(Signed) Julie 4) auders un Justice of the Roya
M 11 BIRTHPLACE	(Address) Will afres Will
OF FATHER  (State or country)  12 MAIDEN NAME  C.	*State the I-isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Manager	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Frans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) (State of Country) (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
( D ( )	Former or usual residence
(Address) Mashington, D.C.	W who my Do and 1930
15 Filed Cury 6 19237 Jan C. forger	Longo Hick hanneyou
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequering V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Mcusles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy troin-State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be

S. No. 1

m ż

(Month) (Day) (Year  7 AGE  72 yrs. O mos. 5 ds. or mi  B OCCUPATION (a) Trade, profession or particular kind of work. None. (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Annapolis Md.  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) A.A.CO. Md.  12 MAIDEN NAME OF MOTHER Laura Jones	Villa				(No. 24 a Jane S	
Female White Widowed, OR DIVORCED (Write the word)  6 DATE OF BIRTH  May  9, 185  (Month) (Day) (Year  7 AGE  1 Iday horder in dustry business, or establishment in which employed or (employer)  8 BIRTHPLACE (State or country)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  22 Aniden Name OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAY  17 MAIDEN NAME OF MOTHER  18 MARRIED, WICOW WIDOWED  WIDOWED  (Write the word)  18 MAY  18 MARRIED, WICOW  WIDOWED  (Write the word)  18 MARRIED, WICOW  WIDOWED  (Write the word)  1 day  1 da		PERSO	NAL AND S	TATISTIC	CAL PARTIC	ULARS
May 9 , 185  (Month) (Day) (Year  7 AGE  72 yrs. O mos. 5 ds. or mi  B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Annapolis Md.  10 NAME OF FATHER JOHN TUCKET  11 BIRTHPLACE OF FATHER (State or country) A.A.Co. Md.  12 MAIDEN NAME OF MOTHER Laura Jones				K KACE	MARRIED, WIDOWED, OR DIVORCE	D
(Month) (Day) (Year  7 AGE    If LESS the content of the content o						
72 yrs. O mos. 5 ds. or mi  B OCCUPATION (a) Trade, profession or particular kind of work. None (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country) Annapolis Md.  10 NAME OF FATHER John Tucker  11 BIRTHPLACE OF FATHER (State or country)  A.A.CO. Md.  12 MAIDEN NAME OF MOTHER Laura Jones		A*	May	(Month)	9 (Day)	, 1.858 (Year)
(a) Trade, profession or particular kind of work None (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Annapolis Md.  10 NAME OF FATHER John Tucker  11 BIRTHPLACE OF FATHER (State or country) A.A.Co. Md.  22 MAIDEN NAME OF MOTHER Laura Jones	7 AG		72 yrs.	0 11	nos. <u>5</u> d	If LESS that I day hr
FATHER John Tucker  11 BIRTHPLACE OF FATHER (State or country) A.A.Co. Md.  12 MAIDEN NAME OF MOTHER Laura Jones	Jbu wh	iness, or e	establishment yed or (emplos	in ver)	s Md.	
OF FATHER (State or country) A.A.Co. Md.  12 MAIDEN NAME OF MOTHER Laura Jones		FATHER	John	Tuck	er	
of Mother Laura Jones	Z	OF FATH	HER	A.A.C	o. Md.	
	œ		HER Lau	ra Jo	nes	
13 BIRTHPLACE OF MOTHER (State or Country)  A.A.CO.Md.	< □		LACE		2 3/2	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

r St.: 3 V	Vard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	14 , 1930
17 I HERERY CERTIFY That	I attended the deceased from
and that death occurred on the date of the CAUSE OF DEATH * was as follows:	stated above, at // P m.
•	
(Signed)	Miles M.D.
1B LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs. ds.  Where was disease contracted, if not at place of death?	Hospitals, Institutions, Trans- In the State yrs mos ds.
Former or usual residence	DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL Cedar Bluff Cemt.	May 17, 1930.
20 UNDERTAKER	ADDRESS

Annapolis Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

John M. Taylor

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruunt, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Distack Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL pertionitis," etc. "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) etanus) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

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(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation whatever, write None. definite salary), may be entered as Housewife, Houseer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "Inaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar j or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic etc. The contributory affection need not be valvular heart Nomenclature disease;

V. S. No. 1

	PLACE	OF DE	ATH '			
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	Male		r or race	WIDO	WED,	arried
	DATE OF BIR			(Write	the word	
			Decembe (Month		25 (Day)	, 1 873 (Year)
7 /	AGE	56 у				If LESS than I day hrs. or min.?
P() b w	occupation  a) Trade, pr  articular kin  b) General n  usiness, or e  rhich employ  BIRTHPLACE  (State or co	ofession of d of work ature of instablishment and or (emp	ndustry int in		bor	-
	10 NAME O	F Wil	liam D.		rtt	
RENTS	OF FATH		Magoti	ny, l	Id.	
PARE	12 MAIDEN	NAME HER	Elizabe	eth I	Ellio1	t
	OF MOTH		Balt	imore	, Md.	
14	OF MOTH	HER r country)				
14	OF MOTH (State of	HER r country)		r of MY	KNOWLI	EDGE
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14	OF MOTH (State of THE ABOVE	IER r country) IS TRUE T  Mr. ress) Ann	Frank	C.	Short rylan	t

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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MEDICAL (	CERTIFICA	TE O	F DEATH	1
16 DATE OF DEATH	A		0.07	-80
###	April			
17 I HEREBY CEN				(Year)
				, 192 30
that I last saw h im ali	ve on Ap	ril	20	192 30
and that death occurred of the CAUSE OF DEATH *	on the date s was as follow	tated a	above, at	8.30 P.
Carcinoma of	Tongue		1	
Contributory Secondary  (Signed)  April 25 19230 (A  *State Disease Violent Causes, state Accidental, Suicidal or Ho  18 LENGTH OF RESIDE ients or Recent Resider  At place of death yrsmos.  Where was disease contracted if not at place of death?	ddress) 360  Csusing D (1) Means of micidal.  NCE (For Fats)	Peath, of Injudospita	or, in dury and (	esths from 2) Whether
19 PLACE OF BURIAL OR			DATE O	F BURIAL
Marley Chur	ch Ceme	Э.		26, 1930
Do undertaker John F. De	nny	7	15 Li	ght St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, Architect, Locomotive engineer, (b) Automobile foctory. Salesman, (b) The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal faver (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

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tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthonia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary) etc. affection need valvular Nomenclature of the The contributory heart not be disease;

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANEN BINDING MINLY, WITH UNFADING INK--THIS IS A RESERVED FOR MARGIN WRITE V. S. No. 1

PLACE OF DEATH	13512 STATE OF MARYLAND
County Anna Brandel	CERTIFICATE OF DEATH
Hannard	Registration Dist. No.
Villago or City / (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Same Janus	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKRED, WIDOWED, WISH OR DINORCED (Write the word)	16 DATE OF DEATH WWW. 150 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1849	101, 6 1130 192 to 910d 9 , 1923
(Month) (Day) (Year)	that I last saw h alive on how , 192
7 AGE If LESS than	and that death occurred on the date stated above, atm
day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Parebul Smiring
8 OCCUPATION (a) Trade, profession or	(Aproleys)
particular kind of work	1 2.2
(b) General nature of industry business, or establishment in	(Duration) yrs. 1005 ds
which employed or (employer)	Contributory audines
9 BIRTHPLACE (State or country) Mandand	Secondary
10 NAME OF O	(Duration) yrsds
FATHER Janus Sandard	(Signed) M. D
() II BIRTHPLACE	195 (Address) 10 10 10 10 10 10 10 10 10 10 10 10 10
OF FATHER (State or country)  12 MAIDEN NAME  (C)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Strah Care	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Denne Cevan	Former or usual residence
(Informant) & Ennie (acc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) ( ) armoll	Home place Nor 12, 190
Filed Mor 100 1930 M. Chapter	W M Salbato W pro
If more banks are needed addres State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Houscwife, Housework, Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. ." etc., or At Home, and children, not gainfully em-For many occupations a yrs. For persons who have no occupation without more precise specification as Day single word or term on

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S. No. 1

PLACE OF DEATH	07142 STATE OF MARYLAND
County Elleve armedel	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Ochice (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Mary Elsie X	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
afret 21 1950	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE     If LESS tha	
yrsmosl dayhrs. ormin.	s. The ONUSE OF DEATH * was as follows:
8. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
(Informant) Self June,	usual residence
(Address) Darwod 26	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MUEL Fur Muelly 19
Filed 6/5/ 1970 St. / May 101	20 UNDERTAKER ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more banks are needed, address hate Kegistr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

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N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	05221 STATE OF MARYLAND
0 -0 -	STATE OF MARTLAND
County C	CERTIFICATE OF DEATH
2 0 ff. 1-	Registration Dist. No.
Village or City Oarly // Eight (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Inlant Simon	tion, give its NAME ii -
2FULL NAME MIAIL ON MINION	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWD.	16 DATE OF DEATH
Mala Cot- WIDOWED. Migis	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 14, 1930	192 . 192 . , 192 . ,
(Month) (Day) (Year)	that I last saw h alive on 192 , 192
7 AGE   If LESS than I day hrs.	and that death occurred on the date stated above, atm,
yrs. mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	VIII rom
(a) Trade, profession or particular kind of work	J. J
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Charry Meights Ma	(Duration) yrs mos ds.
10 NAME OF FATHER WOLLS	(Signed) M. D.
10 11 BIRTHPLACE	D/Affe 192 (Address) Level Burns
OF FATHER (State or country) North Carrolina  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME Q	
of MOTHER Odna Powell	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) U - U - C /// // // //	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Edward & Owelle	usual residence
(Address) Miller Villa M.H.	Carly Height Cent May 16, 1930
15 File Many 16 19230 James Alexander	20 UNDERTAKER ADDRESS 47 Washington
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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Man Mil

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Livelaborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, first line will be sufficient, e. g., Former or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

S No. 1

1PLACE OF DEATH	14631 STATE OF MARYLAND
County Al County	CERTIFICATE OF DEATH
1 1 A A 1.h - 6	Registration Dist. No.
Village or City assipor (No. 435 Comments)	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH /2 ~ /3 ~ , 103 C
B DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 2 3 , 183 (
7 AGE (Naonth) (Day) (Year)  [If LESS than 1 dayhrs	and that death occurred on the date stated above, at m.
yrs, mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerlenos desores
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Q yrs. 1 mos. O ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durgtion) A yrs mos ds.
10 NAME OF FATHER Comises Comes	(Signed) M. D.
of Father (State or country)	*State the listage Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D' 12 MAIDEN NAME OF MOTHER  White Management	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country)	ients or Recent Residents)  At place In the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Lena Lackings	usual residence
(1 Address) 485 Eastern Cery	Camapoles Rech Wec. 16, 1030
15 Filed fre 16 19230 frage C Registral	in has Tiepsh. 34 Northwest S.
If more b.anks are needed, addre.s .tate Kegistra	r, 13 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Die-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dobility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart not be disease;

### STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County anne arundel - (129)	CERTIFICATE OF DEATH  Registration Dist. No. 23-
Village or City Woodlawn Hts. (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of atreet arnumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele . (Write the word)	16 DATE OF DEATH (Month) (Year)
6 DATE OF BIRTH  Octoby - , 1876  (Month) (Day) (Year	that I last saw harmalive on Capacy 14 1920
TAGE  Whose Standard I day hrs. or min.?  COCCUPATION  (a) Trade, profession or Jehren (und) et al. a)	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MUST PLACE OF FATHER (State or country)  14 MAIDEN NAME  15 MUST PLACE A  A  A  A  A  A  A  A  A  A  A  A  A	(Signed) (Duration) (Duration) (Signed) (Duration) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Lellian M. Skenner  Lellian M. Skenner	ients or Recent Residents)  At place In the of death yis mos. ds. State yis mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 4/16/302 Seleng 200 Registra)	Mt Carnel Cenf, Balk, Md Garif 17, 1924 20 UNDERTAKER ADDRESS John Z. Denny Bask, Mal 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
	Village or City Wrodlawn Hto. (No.  2FULL NAME Richard Stringer  PERSONAL AND STATISTICAL PARTICULARS  3 SEX

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Firmer or Planter, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed played, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Acver return 'Laborer,'" (Foreman," (Manager," (Dealadditional line is provided for the latter statement: it Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Campasitor, ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary freman, etc. But in many If the occupation has been changed Architect, Locomotive engineer, (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia":

as fracture of skull, and consequences (e.g., sep.sis, tetanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Harit failure," "Ila "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., ef ....... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICL A., State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the causc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of accident; Revolver wound of head-homicide: Paisoned by Chronic interstitial nephrais, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature cough; Chronic etc. valvular The contributory Always qualify all hoart " Shock," Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

WRITE

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1,000			10000	
1	OF DEATH		STATE OF MARYLAND	
County	A. A.	01 0.x * * *******************************	CERTIFICATE OF DEATH	1
		A	Registration Dist. No.	
Village or City	Ferry. Farm	s. (No. Anna	bles Md R. Jst. Ward) a hospital or i	nstitu
2FUI	LL NAME	Ellen. Powell.	Skipwith, tion, give its NA stead of stree number.)	t an
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s sex Female	4 COLOR OR RACE	MARRIED, Widowed WIDOWED, OR DIVORCED	16 DATE OF DEATH MAY 6, 192	0
T. CHIEF TO C	111100	(Write the word)	(Month) (Day) (Y	ear)
6 DATE OF BIR	тн Мау	28th , 1858	17 I HEREBY CERTIFY, That I attended the deceased	60
	(Month)	(Day) (Year)	that I last saw h alive on VI QUE 1	92.6
7 AGE		If LESS tha		D.m
	7T TT	mos. 8 ds. or min.	. The CAUSE OF DEATH * was as follows:	/
8 OCCUPATION (a) Trade, proparticular kind		Lousingl	Through Higherty to	
business, or es	stablishment in ed or (employer)	V	Duration A Story	7 de
9 BIRTHPLACE (State or cou		uis,	Contributory Music & Cobelly	/
10 NAME OF		Powell.	(Signed) Wallon Holphin	de
OF FATHI	ACE ER	Louis.	*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet	rom ther
12 MAIDEN OF MOTH	NAME	Webster.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions,	
13 BIRTHPL OF MOTH (State or	ACE Philade	elphia. Pa.	ients or Recent Residents)  At place of death	da
	M. A. Skir	of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
			19 PLACE OF BURIAL OR REMOVAL DATE OF BURI	
(Addr	ess) Ferry Fa	rms. A. A.Co.	St. Louis, Mo. Way 8th 1930	9
15 Filedray	7 1923> 4	200 Le fines	20 UN DERTAKER ADDRESS L. Hopping, Annapolis, Md.	
		and address that Parisher	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more provided an inc, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, and in the duties of the en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line-will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of Physiciun, Foreman, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH			16100	STATE OF MA
County aug les	undal		(G)	CERTIFICATE O
			(0)	Registration Dist.
1		Maryla	. Hon	10
Village or City	(No.	Jan Jan	eo pueses f	(8Releward) a
1	top beay	10000	10	tio
2FULL NAME	000 09	ruco ac		nt
PERSONAL AND STA	TISTICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE OF
3 SEX 4 COLOR OR F	MARRIED,	Maria	16 DATE OF DEATH	my 2
111 /1/	OR DIVORCE	D	+==P==================================	04 20
14 00	(Write the word	1)		(Month)(1
6 DATE OF BIRTH	1		17 I HEREBY	CERTIFY, That I attende
	Surcus	, 1	0 9:0	1920 to
43	fonth) (Day)	(Year)	that I last saw h	alive on OCT
7 AGE		If LESS than		rred on the date stated abou
43	mos. de	l day hrs.	The CAUSE OF DEAT	TH * was as follows:
OCCUPATION	// / / / / / / / / / / / / / / / / / /	. or	A	5/1
(a) Trade, profession or	Clerk			assure Tu
Chartenilar kind of work				
particular kind of work			***************************************	
(b) General nature of industry business, or establishment in				(Duration)
(b) General nature of industry business, or establishment in which employed or (employer)			Contributory	Chrone al
(b) General nature of industry business, or establishment in			Contributory	Clume al
(State or country)				Chrone al
(b) General nature of industry business, or establishment in which employed or (employer)				Chone al
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER			Secondary (Signed)	Chrone al
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  0 11 BIRTHPLACE			(Signed), VILLE  *State the D	(Duration) yr (Duration) yr (Address) leufaus (Sease Causing Death, or,
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)			(Signed), VILLE  *State the D	(Duration) yr  (Duration) yr  (Address)   Quarter   Quar
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER			(Signed), 1971  *State the Diviolent Causes, stacedental, Suicidal	(Duration)  (Duration)  (Address)  (Address)  (Sease Causing Death, or, ate (1) Means of Injury or Homicidal.  SIDENCE (For Hospitals,
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME			*State the D Violent Causes, st Accidental, Suicidal	(Duration)  (Duration)  (Means of Injury or Homicidal.  SIDENCE (For Hospitals, sidents)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER			*State the Violent Causes, st Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death	(Duration) yr  (Address) Jeath, or, of Injury or Homicidal.  SIDENCE (For Hospitals, sidents)  In the State.
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)		EDGE	*State the D Violent Causes, st Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)  (Durat
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	a blow	-EDGE	*State the Violent Causes, stated that Violent Causes, stated that Violent Causes, stated that Is LENGTH OF RE ients or Recent React place of death	(Duration)  (Address)  (Address)  (Siesase Causing Death, or, ate (1) Means of Injury or Homicidal.  SIDENCE (For Hospitals, sidents)  In the State racted,
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	a blow	-EDGE	*State the D Violent Causes, s Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration) () (Address   Death, or ate (1) Means of Injury or Homicidal.  SIDENCE (For Hospitals, sidents)  In the State racted, the
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE  (Informant) Add.	a blow	-EDGE	*State the Violent Causes, stated that Violent Causes, stated that Violent Causes, stated that Is LENGTH OF RE ients or Recent React place of death	(Duration)  (Address)  (Address)  (Siesase Causing Death, or, ate (1) Means of Injury or Homicidal.  SIDENCE (For Hospitals, sidents)  In the State  racted, here
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE	a blow	EDGE	*State the Violent Causes, as Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE (Address)	a blow	EDGE Eliw,	*State the D Violent Causes, s Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE (Address)	a blow	EDGE eliow, Caslef	*State the Violent Causes, as Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)  (Durat

2152

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

us Hiers J Cospellaward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH OCX 20	, 192.0
(Month)  17 I HEREBY CERTIFY, That I atte	
and that death occurred on the date stated	above, at
The CAUSE OF DEATH * was as follows:	0 -
Carlese 4	hauslun
Contributory Contributory Secondary	lestistes.
(Signed) Villey House (Address Hery C	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place of death	yrsds.
Where was disease contracted, if not at place of death?  Former or usual residence	
New Catheral	Oct. 14, 1930
20 UNDERTAKER Solar Plants	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, tired 6 yrs). business, that fact may be indicated thus; Farmer (reer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman, Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify ali American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 19

1 PLACE OF DEATH	07647 STATE OF MARYLAND
County Clause andal.	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Elevalin Mil.  2 FULL NAME Carolina W.	St.; Ward)  [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR BACE 5 SINGLE, MARRIED, MIDOWED MOULE OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Yéar)  7 AGE (Month) (Day) (Yéar)  1 LESS than 1 day, hrs. OR min.?	that I last saw h. 22 alive on July 1946, 1930, and that death occurred on the date stated above, at 6Am. The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which emplayed (or employer)  BIRTHPLACE (State or country)  Ballewing Mal.	Contributory Secondary
10 NAME OF FATHER ROTUE Willeubry.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  (State or country)	(Signed)  State the Disease Causing Dhath, or, in deaths from Violent Causes, state (1) Means of Lyury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  At place
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  16  Filed Luly 3 1 1930 Paris Hering gran	ef deoth yrs. mos. ds. State, yrs. mos. ds.  Where was disease contracted, if not at place of deeth?  Former or usual recidence  19 FLACE OF BURKAT OR REMOVAL  20 YNORTAKER  ASORESS 10 37

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Fain laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physition is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the various pursuits ean be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the OISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HONICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Heart failure," "H-emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uradinia," "Weakness," symptoms or terminal eonditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitud ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) and eonsequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal perilonitis," etc. State cause for which birth or misearriage as "Puenpenal septichaemia," cause. etc., when a definite disease can be ascertained as the gemital," "Senile," "Anacmia" (merely symptomatie), chopneumonio (seeondary), 10 ds. Never report mere nephrilis, etc. The contributory (secondary or intercur-"Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Convulsions," etc.), by corholic acid-probably "Dropsy," "Debility" "Atrophy," "Exhaustion," unportant.

If the certificate is tooked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

etated EXACTLY, Proposition of certificate.	Vi	llage or City	nr.	Annapoli	S (No.	
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ope		PERSON	IAL AN	D STATIST	ICAL PARTI	CULAR
ehould be stated EXACTLY it may be properly classifies on back of certificate.		Male		or or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	Mar
hou t me on b	6 1	DATE OF BIR	тн			
CE sh			*********	May (Month)	10 (Day)	, 1
be carefully supplied. ACE s EATH in plain terms so that i important. See instructions	7 /	\GE	66	yrs. 8	mos. 20	If LE I da ds. or
y supp ain terr See in	Cp	a) Trade, proparticular kind	of wo	or rk	Bugler	
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F D		10 NAME OF	-	Unknown		
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S show	14	(Informant)	Ru	evily"	1. S. Yan	nl 14
-Every CiAN state	15	Filed M	2-	19237	2146.	Fre

PLACE OF DEATH

Anne Arundel

### 0139 STATE OF MARYLAND CERTIFICATE OF DEATH

ULARS Married

863 (Year) IfLESS than I day hrs. s. or min.? first

U.S. Navy

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registration Dist. No. 21

	St:	Ward)	a hospital	
MEDICA	L CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH	Janua	ry 30		1930.
***************************************			(Day)	
Jan. 28	1920 .	Jan.		eased from
that I last saw h im	alive on	Jan.	29	, 1930
and that death occurre The CAUSE OF DEATH			above, at	15a.
Myoca	rditis	, chro	nic.	**********************
, Unkı	nown (Durat	ion)	_yrs, mo	sds.
(Signed) L. R. Mul. Jan. 30 1930	Unknown (Dura	wn ev Lie U.S.Ne	sis, gene wit.?(Mo val Hos lis, Mo	c)usi
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing	y Death, ns of Inju	or, in death	Whether
18 LENGTH OF RESI		r Hospita	ls, Institutio	ns, Trans-
At place 0 of death yrs. 0 mos	2 ds.	In the State.	yrsr	nosds,
Where was disease contractif not at place of death?	ted. Un	known		***************************************
Former or 32 C]	lay S	t., An	napolis	Md.
Maral Ce	or REMOV.	AL Z	DATE OF E	BURIAL . 1930.
20 UNDERTAKER	1 40.	1. 1	ADDRESS	01

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. Housemaid, etc. If the occupation has been changed r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on home, who are engaged in the duties of the Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Salesman, (b) Locomotive engineer, Grocery;

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"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock, Chronic etc. valvular heart Nomenclature The contributory not be disease;

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	PLACE OF DEATH  County W. W. W.  Village or City Spidmyre Miles	(12572 STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 21  St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Catherine Sm	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH  Month (Day)  (Month)	that I last saw he alive on March 4 3 19230,
	JU yrs. Interest of the property of the proper	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work	
C	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
	10 NAME OF GEORGE Smith &	(Signed) M. D.
	OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Hary Cook	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	(Informant) Gouge Smith  (Address) Shieldman M.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A 9, 1930
	15 Filed Muscle 8 19230 fray 4 c. for a Geod Registral	Down Exichs of 34 Houthurs
	If more banks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. / m.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stotionory fremon, etc. But in many Locomotive engineer,

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"Dobility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvulor heart disease; atic), "Atrophy," "Collapse," "Coma," "Convulsions, ..... (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Coreingma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature of the not be

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V. S. No.	(7	1
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	PLACE OF DEATH	07648 STATE OF MARYLAND		
	County anne armdel	CERTIFICATE OF DEATH		
	Dand Banks on Awere	600		
	· — ·	Registration Dist. No. 2		
. /	Village or City second District (No.	St.: Ward) (If death occurred in a hospital or institu		
ate	6	tion, give its NAME in stead of street and		
110	2FULL NAME OMNIST Amith	number.)		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
0	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH		
CK	male Colored WIDOWED. Frugte	July 9, 1930		
Da	(Write the word)	(Month) (Day) (Year)		
0	6 DATE OF BIRTH	17 A PI HEREBY CERTIFY, That I attended the deceased from		
0	Jany 12, 1912	guly 9 1930 to July 9 , 1920		
011	(Month) (Day) (Year)	that I last saw h		
2	7 AGE    If LESS than	and that death occurred on the date stated above, at		
0	18 yrs. 5 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:		
-	8 OCCUPATION .	accordental Orange		
200	(a) Trade, profession or School boy,	veccontaine statistics		
2	(b) General nature of industry Junate of Mility et			
ומ	business, or establishment in which employed or (employer) Lauring Believel	(Durstion)yrsmosde.		
od	9 BIRTHPLACE	Contributory Secondary		
	(State or country) Washington W.	(Duration)ds		
25	10 NAME OF	(Signed) Im & Baldynin J & M. D.		
^	FATHER Janus Smith	192 (Address) Misselfhuille		
2	of FATHER ann armedel Co			
5	Z (State or country) maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	12 MAIDEN NAME OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
	13 BIRTHPLACE	ients or Recent Residents)		
	OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds		
	(State or Country) Uagunu	Where was disease contracted, if not at place of dea.h?		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 1 B P 1 2071 Neel to C		
	(Informant) Paloras of Detur Framing School	usual residence 6 7 A HT 1 / MI / Papa 10		
	(Address) Rungslig Juvelige nea.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
		Washington W. C. 100, 1900		
4	15 Filed 19 192 6000 2000	20 UNDERTAKER		
	Registrar	2. 11. tisher daurel /1/d		
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.		

(Approved by U. S. Census and American Public Health Association.)

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American Medical Association.) approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory disease;

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PLACE OF DEATH	07649 STATE OF MARYLAND
County Cleurs and Lee.	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Sasalau (No No Sure Sure Sure Sure Sure Sure Sure Sure	St.: Ward) (If death occurred in a hospit it or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE S SINGLE, MARRIED. WIDOWED. OR DIVORCO (Write the word)	16 DATE OF DEATH July 2/20, 19236
B DATE OF BIRTH  January 3/2, 1/30  (Month) (Day) (Year)	that I last saw h & Lalive on July 23 3092,
7 AGE  yrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country) Course accorded to.  10 NAME OF FATHER LICENT Energy Low 17th.  11 BIRTHPLACE OF FATHER (State or country) Q & & New 1,	(Signed) (Durstion) yrs mos des.  (Signed) M. D.  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrsmosds. State yrsmosds,  Where was disease contracted, if not at place of death?
(Informant) Cellet Swith ?  (Address) Pasadava.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Magriffy arely  20 UNDERTAKER  DATE OF BURIAL  ADERESS
Filed Laty of 192 50 Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fuluess of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer. Laborer-Coal minc, etc. Womirs. (b) Cotton mill; (a) Salesman. Connositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Cause NG Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishibberia avoid use of "Croup"); Typhoid force never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles "Debility" ("Congenital," "Senile," etc. ,"Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms: Wander inges, peritonoeum, etc., Carcinomu, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. (secondar/ or intercurrent) affection need Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, etc. The resulting from ehildbirth or miscarriage as valvular heart Always qualify all contributory (disease discuse; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

on

See instructions

of Information

CIANS should statement of OC

1				
1 to	1 <sub>PLACE</sub>	E OF DEATH		
PHYSI.	County Ar	ne Arumel	-c500000 -rg-re-sham	
RD CTLY, assilied	Village or Cit	Crownsvi	lle State	Hospi
EXA iy cla	2FC	JLL NAME	Frank	Smith
T. Hated	PERSO	NAL AND STATIST	TICAL PARTICU	ILARS
MANENT MANENT III be sta	3 SEX male	4 COLOR OR RACE	SSINGLE, SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
1 10	24			

### STATE OF MARYLAND CERTIFICATE OF DEATH

ta	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	September 12th , 192.30
4	July 2nd 1930 to September 12 19230
3	that I last saw h im alive on September 12 , 19230
nan nrs.	and that death occurred on the date stated above, at 10:45R m. The CAUSE OF DEATH * was as follows: Cerebral Spinal Syphilis
	(Signed (Duration) Unknown mos ds.  Contributory Syphilis  Duration Unknown mos ds.  (Signed M. D. M. D. M. D.
-	Sept. 12 1980 (Address Crownsville, Md
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrs. 2mos.10 _ds. In the State I.1 fe timeds.
	Where was disease contracted, if not at place of death?
	Former or usual residence Baltimore City, Maryland
a n	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BALL OF BURIAL 9-16 , 1930
2	200 UNDERTAKER OF WILLIAM 1735 Pruse

Frank Smith TATISTICAL PARTICULARS MARRIED Single RRACE OR DIVORCED (Write the word) 6 DATE OF BIRTH unknown (Year (Month) (Day) III LESS th 7 AGE I day ...... I unknown

(1) Trade, profession or

Laborer particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

Maryland

10 NAME OF FATHER

Frank Smith, dead

11 BIRTHPLACE OF FATHER PARENT (State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Elizabeth Dorsey

13 BIRTHPLACE OF MOTHER (State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hospital Records

(Address)

Crownsville, Maryl

If more branks are needed, address State Registrar, I6 W. Saratoga St. Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

Spinner, cases, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oebusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. laborer, Foreman, especially in industrial employments, it is necesor At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) Automobile factory. The materia. For persons If the occupation has been changed who have no occupation -Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the total for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, (Recommendations on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septionemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as cun be ascertained as the eause. "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; " "Marasmus, " "Old Age, " "Shock, Committee Chronic statement of cause of Example: Measles (disease on valvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County A. A.	13513 STATE OF MARYLAND CERTIFICATE OF DEATH
to Theat 181 4	Registration Dist. No.
2FULL NAME Selice , a	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH 14 , 193 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
July 12, 1848	Not 7 150 to Not 14 , 150.
(Month) (Day) (Year)	that I last saw h Malive on May 1950
7 AGE   If LESS than   I day	The state of the s
8 2 yrsmosds. ormin.?	O DEATH - was as follows:
8 OCCUPATION (a) Trade, profession or House Work	Cr. Jurrochtral Wiffente
particular kind of work  (b) General nature of industry	with Cama.
business, or establishment in	(Duration) Dy mos de.
9 BIRTHPLACE A	Contributory Attend Cleroses
(State or country)	Secondary Design House
10 NAME OF PATHER	(Signed) Klues Leman M. D.
II DIDTURE ACCOUNTS	noy/16 130 (Address) Heeroff
OF FATHER (State or country) Seland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Sullivair	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country reland	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Waller Smeth	Former or usual residence
(Address) Eastfoold med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MON 17, 19
15 Filed 16 1923 Anyle e fra Registrar	20 UNDERTAKER Hofspring and ADDRESS Collection
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Palyo, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, sicinn, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many (b) Grocery;

Statement of Cause of Death—Name, first, the pissex CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros make fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

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1334

Male White OR DIVORCED (Write the word)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Hospital  St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)  MEDICAL CERTIFICATE OF DEATH  (Month) 6 (Day) /930(Year)  I HEREBY CERTIFY, That I attended the deceased from 3 / 1930 to 1930 to 1930 to 1930 and that death occurred on the date stated above, at 250 Am
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	Hospital  St.: Ward)  a hospital or institution, give its NAME in stead of street an number.)  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month) 6 (Day) /930(Year)  I HERBBY CERTIFY, That I attended the deceased from 3 / 1930 to
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  (Month) 6 (Day) / 930(Year)  I HERBBY CERTIFY, That I attended the deceased from 3 / 1930 to 1930 to 1930 that I last saw h 1 alive on 1930 for 1930 to 1930 for 1930 to 1930 for 19
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) 6 (Day) / 930(Year)  I HERBBY CERTIFY, That I attended the deceased from 3 / 1930 to 1930 to 1930  that I last saw h 4 malive on 1920
Male White MARRIED. Single OR DIVORCED (Write the word)	(Month) 6 (Day) /930(Year)  I HEREBY CERTIFY, That I attended the deceased from  3 1930 to 1930  that I last saw ham alive on 1920
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from 3 1930 to 1930 to 1930 that I last saw ham alive on 1930
MOVEMBER 22 , 1 912	and that death occurred on the date stated above, at 250 Am
	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work USNavy  (b) General nature of industry	Left middle forse of the brain
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributor fresent. G. S.C.
Harry Smith	(Signed) M. D. S. M. M. M. D. S. M. M. D. S. M. M. D. S. M. M. D. S. M. M. M. D. S. M. M. M. D. S. M. M. D. S. M. M. M. D. M. M. M. M. D. M. M. M. D. M. M. M. M. D. M.
OF FATHER (State or country) unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
(State or Country). Unknown	At place of death / yrs / mos. 7 ds. State / yrs / mos. 7 ds. Where was disease contracted, 8 ( )
1.000	Former or usual residence 8 Hall Place, Albany, N.Y.  PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  PATE OF BURIAL
Filed Muy 6 1923 5 7 76 C. Francisco Programme of Program	10 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Furmer (rereport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*); \*Diphtheria\* (avoid use of \*Croup\*); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.], "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septiceemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi for malignant neoplasms); Measles; Chronic valvulor heart discose, Example: Measles (disease etc. The contributory

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	PLACE OF DEATH County A. A.	STATE OF MÄRYLAND CERTIFICATE OF DEATH Registration Dist. No.
certificater	Village or City Munapolis (No. 23 Pan 2FULL NAME Martin 14.	Mard) (If denth occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
аск от	Male White Single, Married, Widowed. Married OR DIVORCED (Write the word)	16 DATE OF DEATH Morch 9, 1930
nstructions on pa	6 BATE OF BIRTH  Hely (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1930 to Male 9, 1930.  that I last saw here alive on Male 8, 1930.
	7 AGE  8 7 yrs. / mos. 7 ds.   If LESS than   day hrs.   or min.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or Pelued	Ch. Tuleshhal hiphories
inportant.	(b) General nature of industry business, or establishment in which employed or (employer) Sakeing frusness  9 BIRTHPLACE (State or country)  State or country)	Contributory Secondary
	10 NAME OF FATHER UNDERSON	(Signed) M. D.  (Signed) (Address) Charafalle M. D.
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place In the of death yrs mos ds.  Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Pudolph 4. 4 mulls (Address) Chamapolis Md	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL  Al Claimes Cent Maril. 19:30
	Filedmard 1/1923 Day 6 C. Fred Registrar	29 AIN DERTAKER Jaylor address Serveholis
	If more bianks are needed, address State Registrar,	26 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, laborer, Farm laborer, Laborer-Coal mine, etc. whatever, write None. For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved by Committee on atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING	WRITE LINLY, WITH UNFADING INKTHIS IS A PERMANENT	LEvery Item of information should be carefully supplied. ACE should be state CIANS should state CAUSE OF DEATH in plain terms so that it may be properatement of OCCUPATION is very Important. See instructions on back of ce
	WRITE	CIANS shot

V. S. No. 1

N. S.

1PLACE OF DEATH County Anne Arundel	05223 STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist, No. 25
Village or City Curtis Creek (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed Widowed Widowed, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 , 1930
April 29 , 1 843.  (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Feb 1930 to May 2 , 19230  that I last saw h Calive on May 1 , 1930
7 AGE    If LESS than   I day hrs.   l day hrs.   or min.?	and that death occurred on the date stated above, at 6.55 Am
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Chronic Interstitial Nephritis  (Duration)
SBIRTHPLACE (State or country) Germany	Contributory Exhaustion Secondary  (Dursting) yrs mos de
10 NAME OF UNKNOWN	(Signed) Chast & vorle M. D
OF FATHER Germany (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury und (2) Whether
12 MAIDEN NAME UNKNOWN	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER Germany (State or country)	ients or Recent Residents)  At place of deathyrsmosds.  Where we disease contracted
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss Catherine Smith	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Curtis Creek	Marley Church Cemetery May 4 30
Filed May 3 130 Chas. H. Brooke, M.	D. UNGERTAKER. Denny 715 Light St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. and children, not gainfully em-Salesman, (b) The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaenia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopncumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Nomenclature of the Chronic Example: Measles (disease etc. affection need valvular Always qualify all The contributory heart disease; not be

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B .--

PHYSI-

1PLACE OF DEATH	()1339
00.	STATE OF MARYLAND
County, Cl Cl	CERTIFICATE OF DEATH
M. HH Beach	Registration Dist. No.
Village or City Manhallan (No. 100)	St.: Ward) (If death occurred in
2 FULL NAME Matilda Ka	speed ward a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH Fol 20 1930
tenule White OR DIVORGED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 224 1895	Jan 21 - 1930 to Fet 20, 1950
(Month) (Day) (Year)	What I last saw he Valive on Jel 20, 1930
7 AGE   If LESS than	and that death occurred on the date stated above, at
34 3 9 1 day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION mos. ds. or min.?	The state of the s
(a) Trade, profession or hour	Chime Sugar succes
(b) General nature of industry	Mefshur (3)
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory Usasmie Convelsions
(State or country) Holland	Secondary (Dureton) yre mos ds.
10 NAME OF O	(Signed) M.D.
FATHER Carl Kaspers	Frh 21 1930 Address) 1000 & Monego St
OF FATHER 1/ 10	*State the Disease Causing Death, or, in deaths from
Z (State or country) Holland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sena Sekama	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER AND D	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) / Clance	Where was disease contracted, if not at place of death
Day Day - 1 11 O Al	Former or
(Informant) Mrs Margaret R. Ootter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Manhallan Beach 6 a 6	Cedas Blus Cent Fely 23, 30
15 Severna lace major	20 UN DERTAKER ADDRESS
Filed 17 2 19237 Fing C. Registrar	John Uf Jagen Chuckely
If more bianks are needed, address State Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.
	and.

.000

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County Q. Q.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Chrispoles (No. Emergene 25-25-12)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jet. 10 10 10 (Year)
6 DAYE OF BIRTH	i HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	2-10-1930. to 2-10-, 1330. that I last saw h in alive on 2-10-, 1930.
7 AGE [If LESS than	and that death occured on the date stated above, at 10 A . m.
yre. mos. ds. or min.?	Prece a Turity . (8 month)
B OCCUPATION (a) Trade, profession or	Respiratory failure
particular kind of work (b) General nature of industry	4/2 lus.
business, or establishment in which employed or (employer)	(Durstion) yes mins de
9 BIRTHPLACE (State or country)	Secondary Catter mouth & Mega
10 NAME OF	(Signed) J.D. Fiths. Ft. Cauch. (M.C) M.D.
FATHER Willeam Treggs Amit	2-10-130 (Address) Dispenser Wh.
OF FATHER (State or country) Staw Ton Va.	*State the Disease Causing Death, Or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Oder Trances Pizem brig	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE Odessa Russia,	At place of deathyrsmosds. In the Stateyrsmosds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William B. Smith	Former or usual residence
(Address) Assispolis U.d.	21. 1. Yaval Cent Fely 11. 1036
Filed V 19250 Registrar	John W. Vayla Clinepolio
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 246

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Housemuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruemia," "Weakness," etc., whon a definite disease approved by Committee on Nomenclature stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as ChronieCareinoma, Sarcoma,, etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A.I the dita is e-sent al and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK--THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

V. S. No. 1

Village or City A. A. Colo. Home	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEN 4 COLOR OR RACE SINGLE.  MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive on heach 26 1930,
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 12.24 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Iranal mempeline
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Man law	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER L BUSIN	Mary 24 1930 (Add Deve John le MS
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER TO L	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Muylow	ients or Recent Residents)  At place In the State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) A. H. Bo Hone Med.	19 PLACE OF BURIAL OR RESTVAL  DATE OF BURIAL  20 UNDERTAKES  ADDRESS
Filed men 24 193 3 m hacket Jalleant.  Registrar  If more hanks are peeded, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Plunter. For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomoline engineer,

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weukness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitud nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septimental," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VICIENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be valendar heart disease; etc. The contributory

If this certificate is looked over thoroughly and al questions data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence: All the

V. S. No. 1

	PLACE OF DEATH	08931 STATE OF MA	
	county ame andel	CERTIFICATE	OF DEATH
	0	74-0 Registration Die	st. No. Vo
Vill	lage or City Muys (No.	St.: Ward)	(If death occurred in hospital or institu
	2FULL NAME Maryaret Solle	is	tion, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 \$	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Nionth)	(Day) (Year)
6 0	PATE OF BIRTH	17 I HEREBY CERTIFY, That Latten	
	linknown, 1888	1920 00	198
	(Month) (Day) (Year)	that I last saw bu alive on UMS	192
7 A			ove, at
	43 yrs. unhowends or min?	The CAUSE OF DEATH * was as follows:	
7 (2	a) Trade, profession or athorny	Sudden de wor	whate
) (E	o) General nature of industry	Dugues acres	- I
	usiness, or establishment in hich employed or (employer)	(Durstion)	yrs mos 3 1/40
-	(State or country) Mayland	Contributory Secondary (Dursion)	vrs. mos d
	10 NAME OF FATHER Charles Wrlown	(Signed) / Level dy San	Martin
ENTS	OF FATHER (State or country)  12 MAIDEN NAME  (A)	State the Disease Causing Death, o Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	r, in deaths from y and (2) Whether
PAR	OF MOTHER Wargaret Hooks	18 LENGTH OF RESIDENCE (For Hospitals	, Institutions, Trans
1	OF MOTHER (State or country)  Maylund	At place In the	yrsdo
14 7	THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	if not at place of death?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Informant) William Wilson	Former or usual residence	······································
	(Address) Upper Mastron	Up per Marlboro	MG 41, 1936
15	Filed (11920 DY) Clay to	20/ UNDERTAKER / /	ilche
	If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1. Med

(Approved by U. S. Census 2nd American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Howemaid, etc. If the occupation has been changed laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic shopneumonia (secondary) etc. affection need valvular heart The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	05224 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Vill	2FULL NAME Frank O. Spriggs	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	A COLOR OR RACE SINGLE, MARRIED, MARRIE	16 DATE OF DEATH May 8 , 19:30
6 0	August 4 , 1.87	17 I HEREBY CERTIFY, That I attended the deceased from
7 A		han and that death occurred on the date stated above, at 4P.M.m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		Died Suddenly Of
		Heart Trouble  (Duration) yrs. mos. ds.
9 B	(State or country) A.A. Co. Md.	Contributory Secondary  Dugnor  Dugnor  Management
	10 NAME OF Edward Spriggs	(Sig Joseph Hoffen Auf Corene May 9 1930 (Address) Amofest M2
ENTS	OF FATHER (State or country) A.A. CO. Md.  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Fannie Hoy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) A.A. CO. Md.	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14	(Informant) Harry Spriggs	if not at place of death? Former or usual residence
	(Address) Arnolds A.A. Co. Md.	Arnolds A.A. Co. Md. May 11 , 130
15	Filedrag q 19230 frag Le fragistra	John M. Taylor  Annapolis Md.
-	If more bianks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation person, irrespective of

Statement of Cause of Death—Name, first, the presence of Cause of Death—Name, first, the presence of the causation, using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\*\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*\*); \*Diphtheria avoid use of \*Croup\*\*); \*Typhoid fever\*\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\*\* ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The in ture of the injury, accident; Revolver wound of head-homicid; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tunnor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonueum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be valvular heart disease; etc. The contributory

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WRITE INLY, WITH UNFADING INKTHIS IS A PERMANENT CORI	N. BEvery item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classtatement of OCCUPATION is very important. See instructions on back of certificate.
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3	Every CIAN: stater
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PLACE OF DEATH  County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2I
Village or City Johnsontown (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female colored 5 SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 193 (Month) 14 (Day) 193 (Year)
6 DATE OF BIRTH  unknown , 1  (Month) (Day) (1)  7 AGE   IffLES	17 I HEREBY CERTIFY, That I attended the deceased from November 1929 to January I2 , 19230, tear) that I last saw her alive on January I2 , 1920,
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	hrs. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Durstion)  yrs, 4 mos ds,  Contributory Secondary  (Durstion)  yrs mos ds,
FATHER Henry Baker	(Signed) h. a. a. M. D. I-I4 1920 (Address) Pasadena, Ind.
OF FATHER (State or country) Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Annie Turner  13 BIRTHPLACE OF MOTHER (State or country)  Maryland	18 LENCTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
(Interment) Joseph Baker	if not at place of death?
(Address)  15 Filed Jan. 14 100 Z. a. Breis.  Regist	Magothy Cemetery Jan. 16, 19 80  Ago Undertaker January January

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enwher, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State NIEANS OF INJURY cough; Committee on Nomenclature of the "Heart failure," "Haemorrhage," Chronic valvular heart discase; Example: Measles (disease chopneumonia (secondary), etc. The contributory not be

Requesting V. SA No.

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APR 3 1930

BUREAU V. 8.

	PLACE OF DEATH County.	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 77
meare.	Village or City W. aurapolis (No. aurapolis ST	tion, give its NAME it -
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  SEPTEMBER 15 (Month) 15 (Day) 1930 (Year)
no suo	September 28 , 1881 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Sept. 5, 1920, that I last saw he alive on Sept. 4, 1920,
nstruct	7 AGE  [If LESS than I day hrs. 17 ds. or min.?	and that death occurred on the date stated above, at
200	8 OCCUPATION (a) Trade, profession or particular kind of work	secondary to Cardinama of right hears!
important,	(b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) vie to imde de.
ary imp	9 BIRTHPLACE (State or country) 10 NAME OF MASS FATHER D D MC W.	(Signed) W. Toward Model M. D.
18 4	Of FATHER  OF FATHER	192 (Address F. S Noval Hoghtat bunglile
2	(State or country) Mass  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths Honey Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Catherine Kerman  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
	(State or Country) Mass.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
0 1110	(Informant) Robert Astanley	Former or usual residence
tatom	(Address) H. anuspoli, Menzland	artington Virginia Date of Burial
D	Filed for Y /6 19230 frague. for a Med Registrar	29 UNDERTIKER HOPPING amopolis
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Battel, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular heart disease; etc. The affection need not be contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	08932 STATE OF MARYLAND
	County U - U -	CERTIFICATE OF DEATH
	sim and	Registration Dist. No. 21
	Village or City SI Margrel (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Charles augustu	s Stans bury tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Aug 23, 1986  (Month) (Day) (Year)
	6 DATE OF BIRTH	17 A HEREBY CERTIFY, That I attended the deceased from ang, 22 1980 to ang 23, 1980
	ghonth) (Day) (Year)	that I last saw h Amalive on Qua 23, 1984,
	7 AGE   If LESS than	and that death occurred on the date stated above, at
	yrs. 8 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in	······································
4	which employed or (employer)	(Duration) vrs mos de.
	SBIRTHPLACE (State or country) ST Margreto Mid	Contributory Secondary Secondary Ourstion) yrs. a.mos. ds.
•	10 NAME OF Charles Hausbury	(Signed) 4. Willis marty M.D.
	IN II BIRTHPLACE	7261980(Address) annapolo 110
	OF FATHER (State or country) 61 // a gre ( md.	State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother amis Mebron	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Margyel  Md	At place of deathyrsmosds. In theyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
	(Informant) Charles Slansbury	Former or usual residence
	(Address) SI Margyrills hid,	13 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 13 30
	15 Fileling 26 1923 July 6 C. Registrar	& HB Parker 47 Wash- 8
	If more blanks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile,"\_etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Whobping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the not be

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day (6) Automobile factory. The Laborer-Coal mine, etc. not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasuus,
> "Iraemia," "Weakness," etc., when a definite disease ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature disease;

S. No. 1

PLACE OF DEATH	
PLACE OF DEATH	13514 STATE OF MARYLAND
County / / /	CERTIFICATE OF DEATH
R.	Registration Dist. No.
Village or City No.	OSt: Ward) (If death occurred in
Da a	a hospital or institu- tion, give its NAME is -
2FULL NAME (Slaveche Cor	relia X Tanking stead of street and number.)
	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH // 105 20 4 2/
MARRIED WIDOWED WINCE	1980
OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
X1.0 12M .20	Jel. 7/2 1930to W. 2/2 1934
1895	D ( ) 3 3 7 3 3 7 3 3 7 3 3 7 3 3 7 3 3 7 3 3 7 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7
(Month) (Day) (Year)	that I last saw h alive on 1977
7 AGE	
3 5 4 8   1 day hr	
yrs. mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or	Homach in the was
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) vis. 2 mos de.
9 BIRTHPLACE Z	Contributory
(State or country)	Secondary
10 NAME OF	(Duration)ds.
FATHER TOM ADQUITE	(figned) M.D.
11 BIRTHPLACE	- 193 4 Address / Jane Har 100 / 11
OF FATHER	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Tom to his Arent	Former or usual residence
(Informant)	19 ACACE OF BURIAL OR REMOVANA COPATE OF BURIAL
(Address) Cioa Mal,	1 2 100 MM MIN 2 200
	- 19 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15 Filed 9m 21 19230 Frees 4 C. For en 24	DEO UNDERTAKER 1 ADDRESS 1 1/1/2
Registrar	· I have the second of the sec
	Clay 100 plus 11 migous

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (no state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebra-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

data is essential and must be obtained before the certificate permanently filed. answered in detail, it will prevent further correspondence. if this certificate is looked over thoroughly and all questions

D	Seifi
WRITE I INLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifia statement of OCCUPATION is very important. See instructions on back of certificate.
D	perli perli
NT	sta pro of c
ANE	d be
ERM	houi t ma
A P	CE s hat i
IS	so t
CHIS	pile rms inst
K	sup in te See
Z	fully pia ant.
OINC	H ir
FAI	DEAT y im
in I	OF I
VITE	USE USE
Υ, ν	CAL
INL	forn
	of in
ITE	shou
WR	NS teme
	CIA Stat
	8
	Z

PLACE OF DEATH  County Anne Arundel	07652 STATE OF CERTIFICATE Registration	
Village or City Green Haven (No	St.: Ward	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) marrie	16 DATE OF DEATH July I5  (Month)	
February II, 1874  (Moath) (Day) (Year)	17 I HEREBY CERTIFY, That I at July I4 1920 to July thet I last saw h er alive on July	tended the deceased from 11 v 15 , 1930 7 15 , 1930
7 AGE    If LESS than   I day hrs.   hrs.   or min.	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work Housewife  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Md.	Contributory Secondary (Duration)	**************************************
10 NAME OF Reisinger	(Signed) Z, &, & C. (Signed) Pasa	М. С
of Father (State or country)  Germany	*State the Disease Causing Death Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Germany	16 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place In the of desthyrsmosds.	itals, Institutions, Trans
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Leroy Stein	Where was disesse contrected, if not at plece of death?  Former or usuel residence	
(Address) Green Haven, Md.	Mt. Carmel gemetery	DATE OF BURIAL
Filed 7-15 1930 Z. v. 182 Registrar	J. F. Denny	Baltimore

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

County am Earl W dal	CERTIFICATE OF DEATH
10 1 1- Augh	Registration Dist. No. 22
2FULL NAME 920799 R. Sta	St.: Ward)  St.: Ward)  (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MUDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  April 2/St, 1  (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 (Year) that I last saw has alive on 192
	SS than and that death occurred on the date stated above, at #9
5 7 yrs. 3 mos. d. ds. or	min.?
(a) Trade, profession or blank particular kind of work blank	myratel
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) / yrs mop
9 BIRTHPLACE (State or country) Waru Land	Contributory Secondary  (Durstion) yrs mos 3
10 NAME OF FATHER GOOGS . A. Stapfigm	(Signed) 192 (Address)
OF FATHER (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAN 6 DEAUChame	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) // Elle & Delph EM M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) amajour jums my	1. It Court Kruttes and aug / 9/1, 193
Filed and 1980 Maria M. Duran Regis	Elword hisher Jaurel Ind
If more branks are needed, address State I	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a or At Home, and children, not gainfully emyrs). without more precise specification as Doy Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile foctory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature American "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need Committee on can Chronic valvular heart disease; sociation. etc. The contributory not be

0

C	PLACE OF DEATH		TATE OF M RTIFICATE Registration	OF DEATH
Villa	age or City Jessup, Md. (No. Maryland  FULL NAME Henry Sternhimer	Mouse Correcs	ion Ward)	(If death occurred in a hospital or institu- ion, give its NAME in- tead of street and humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE O	OF DEATH
3 S	Male White Single, Single Widoweb OR Divorceb (Write the word)	16 DATE OF DEATH	(Month)	(Day) , 192 30 (Year) ended the decessed from
6 D.	Month (Day) (Year)	Mar. 25, that I lost saw h in a	192 30 March	h 28, 192 30
7 AG		The CAUSE OF DEATH		sphuli
) (a ) pi ) (b ) bi ) w	COUPATION  ) Trade, profession or sarticular kind of work  ) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory Secondary	(Duration)	yrsmosds,
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  WALDOW		(1) Means of Inju Homicidal.	or, in deaths from ry: and (2) whether
14 T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO/THE BEST OF MY KNOWLEDGE	At place of death yrs. mos		yrsmosds.
15	(Address) Md. H of Consection.	Former or usual residence 427 W.  19 PLACE OF BURIAL OF BURIAL	has Emoto	March 25, 10 30
F	Filed Warehow 8 1980 Sala Maskey	20 UNDERTABER	non Bu	Bulla CX

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISELLEE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home, ( are should be taken definite salary), may be entered as House, ife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an or," elem-seithout more precise specification as Day Never return "Laborer," "Foremau," "Manager," "Deal-Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, w! atever, write None. Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborerworked on may form part of the second statement sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Lecomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. T'e material 6 yrs.). For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-As mamples: (a)

Streement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; Poisoned by curbolic acia-probably suicide. The na-Examples: Accidental drowning; "PUERPERAL septicuemia." "PUERPERAL peritonitis," "Uraemia," "Weakness." etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Cougenital," "Senile," etc.), (Recommendations on state-Struck by railway Always qualify all The contributory "Coma," (second-(merely (discase "Con-

If this certificate is looked over thoroughly and all questions unawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK--THIS IS A PERMANENT WRITE !

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH	07653 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City annapole (No. ]   1	Slewart Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCE (Write the word)	16 DATE OF DEATH / 1950 (Month) (Day) (Year)
(Month) (Day) , 1929	17 I HEREBY CERTIFY, That I attended the deceased from  193 to Me 3e, 1938,  that I last saw h alive on me, 1938,
7 AGE  If LESS than l day hrs. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Hotolikes
(b) General nature of industry business, or establishment in which employed or (employer)	Duration Dyrs. J. Swered
9 BIRTHPLACE (State or country) annolates om	Contributory Secondary (Duration) via mas de
10 NAME OF Kirley Stewart	(Signed) Thurst M. D.
11 BIRTHPLACE OF FATHER (State or country) annapolis ond 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER annie Brown	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country). a. a., co. ma	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Kirby Slewart	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) annapolit (mg	oner. Maline. July 5 -, 1930
Filed Poly 4 19230 Joseph C. Fragistrar	B L. Hoffing annopoles
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Stationary fireman, etc. But in many For persons who have no occupation Locumotive (3) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal mening is"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephralis, use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septionemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all (secondar/ or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway trainresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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OR BINDING	S A PERMANENT	should be
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particular (b) Gene business, which en 9 BIRTHPL (State  10 NAI FAT  11 BIR OF I CSt  12 MA OF I (St  4 THE AB	e, profer kind and and and and and and and and and a	cession or of work were of ind ablishment or (emplo try)  Ann  Charl  Ch	Houstry in yer) apoli es H. nnapo empa Annap THE BEST	s Md. Russe lis Md B. Nit olis M	ll che	11	O Vifi Fu

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: 2 Ward) (If death occurred in a hospital or institu-

Annapolis Md.

	stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	4 , 19230
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	eff 4 , 19230
that I last saw he alive on ful	4 , 19252,
and that death occurred on the date state	d above, at 7
The CAUSE OF DEATH * was as follows:	
Cut alatation	Heart
	- Deleu
(Durstion)	yrsds.
Contributory / E leader atten	u (acuta)
(Duration)	5 de
4 104	
0 11 100	M. D.
1920 (Address) Gu	Left my
*State the Disease Causing Death Violent Causes, atate (1) Mcans of l Accidental, Suicidal or Homicidal.	njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents)	itals, Institutions, Trans-
At place In the	
	iteyrsds.
Where was disease contracted, if not at place of dea.h?	) ** 00 * 0 * 0 * = = = = = = 0 * = = = =
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Bluff Cemt.	Sept. 7, 1930
20 UNDERTAKER	ADDRESS
John M. Taylor	Annapolis Md.

If more bianks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Published Health Association.)

er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrasspinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of eause of death carpolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need not be valvular heart disease;

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S. No. 1

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PLACE	OF	DEATH

Anne Arundel

13515

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

illage	or	City Johnsontown	(No	St.:Ward)	(If death a hospital tion, give	occurred i or institu its NAME in
					tion, give	ICS MAINTE I

Raby Stewart 2FULL NAME

number.)

	PERSON	IAL AND STATIS	TICAL PARTICI	ULARS
	EX	4 COLOR OR RAC	SSINGLE, MARRIED, WIDOWED,	BEEL
17	nale	negro	OR DIVORCEI	D I)
E	DATE OF BIR	тн		F. 17811.12
		Novem (Mont	her 25 (Day)	, <u>930</u> (Year)
A	GE	yrs	mosd	If LESS than 1 day hrs. or min.?
( P() b	usiness, or es	ofession or  I of work  ture of industry  tablishment in  ed or (employer)		
E	(State or cou	ntry) Md.		
	10 NAME OF		us Richar	ds
SENIS	11 BIRTHPLA OF FATHI (State or	ER Md.		
7 7 7	12 MAIDEN OF MOTH		an Stewar	t
	OF MOTH (State or	ER 158		
4	THE ABOVE I	S TRUE TO THE BE	T OF MY KNOWL	EDGE
	(Informant)	Lillia	n.Stewart	
	(Addr	ess) P.O.P	asadena, l	rd l
5	11-	25000	20.00	10in

16 DATE OF DEATH  November 25  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192  that I last saw h alive on 192  and that death occurred on the date stated above, at 7 & m  The CAUSE OF DEATH * was as follows:  Stillbirth
I HEREBY CERTIFY, That I attended the deceased from  192 to
I HEREBY CERTIFY, That I attended the deceased from  192 to
that I last saw halive on, 192, and that death occurred on the date stated above, at
and that death occurred on the date stated above, at 7 as m.  The CAUSE OF DEATH * was as follows:  Stillbirth
and that death occurred on the date stated above, at 7 as m.  The CAUSE OF DEATH * was as follows:  Stillbirth
Stillbirth
Stillbirth
(Duration)yrs,mosds,
Contributory
Secondary
(C:1) A. a. (Duration) J. vis. mos ds.
(Signed) A. a. Work M. D.
II-25 130 (Address) Pasadena, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place In the of death yrs
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

Pasadena,

MEDICAL CERTIFICATE OF DEATH

Registrar

20 UNDERTAKER

JerryStewart

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart range, "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. The contributory Whooping cough; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condior intercurrent) affection need is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; Nomenclature of the

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORL AINLY, WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

	PLACE OF DEATH County Ima from del	01341 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Village or City furms (No. 3 2 Ave	Registration Dist. No. 23
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- 03	A COLOR OR RACE 5 SINGLE, MARRIED, MARVIEL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb 25 , 1980
6	Dec 6, 189/ (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  197 to 7, 197 (  that I last saw h 4 alive on 7, 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (  197 197 (   197 197 (  197 197 (   197 197 (   197 197 (   197 1
7	AGE  38 yrs. 2 mos. 23 ds.   If LESS than   1 day hrs. or min.?	and that death occurred on the date stated above, at
8	occupation (a) Trade, profession or late mechanic particular kind of work late mechanic	Julmonary Intucalina
1	(b) General nature of induatry business, or establishment in which employed or (employer)	(Duration)ds
9	10 NAME OF FATHER Daniel I Storage	(Signed) (Signed) (Signed) M. D
	11 BIRTHPLACE OF FATHER (State or country) Carrol Co Ind  12 MAIDEN NAME DALL	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Eligh & Original  13 BIRTHPLACE OF MOTHER (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
1/	(Information albert of My Knowledge	Where was disease contracted, if not at place of dea.h?  Former or usual residence
	(Address) Glenbrunie and	Gedar Hill Feb 28, 19
1	Filed Q/OV 19230 ON Newsgrar	John & Denny 315 Light St
	If more branks are needed, address State Registyar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the not be disease;

PLACE OF DEATH  County Amer accurate,	08483 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 31
Village or City Saverna Jacks.	St.: Ward) (If death occurred in
2FULL NAME Spurches	6 _ lleane 9 a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole What Sound Street Wildows (Write the word)	16 DATE OF DEATH , 192 , 192 (Month) 30 (Day) 36 (Year)
6 DATE OF BIRTH  July 5815 (Year)  (Year)	17 THEREBY CERTIFY, That I attended the deceased from  July 3, 1930 to July 3, 4 , 1955,  that I last say h Alive on July 20, 192.35
7 AGE . If LESS than I day hrs. or min.?	and that death occurred on the data stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Memalin Jal
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrada mos ds.
9 BIRTHPLACE (Ntate or country) flevama Park	Contributory Secondary  (Duration) yrsmosds.
10 NAME OF Grast Stivehend	(Signed) Mr. fllusterle M. D.
IN BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Calle Baurling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of desth yrsmos,ds. Stateyrsmosds.
14 THE ALOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	from at place of death?
(Informant) Engel, Struckamb	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Shitma Carl	Piney Grove Cemely July 31. 1930.
Filed ply 31 1236 must be the Robistrar	John J. Dany 7/5 Light St
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day loborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write None. mer, (b) Cotton mill; (a) Sulesman. (b) Gracery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary firemon, etc. But in many person, irrespective of Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid Jever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, carbolic acid-probably suicide. The n.ture of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cameer" is less definite; avoid by Committee on Chronic valvular heart and consequences (e.g., sepsis, etc. The contributory Nomenclature of the discose; not be

WRITE

SI-	PLACE OF DEATH	02576 STATE OF MARYLAND
EX	County Anne Houndes	CERTIFICATE OF DEATH
Y, l		Registration Dist. No. 23
CTL ISSI	Village or City Llm Paul No. No.	St.: Ward) (If death occurred in a heapital or institu-
ated EXAC	2FULL NAME Abartier a	tion, give its NAME in- stepti of street and
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
uid be st lay be pr back of	4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORGED (Write the word)	16 DATE OF DEATH 20 Mg., 1929 (Month) (Day) (Year)
shot t It m s on	6 DATE OF BIRTH  20 March, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 192 to 192, that I last saw h alive on 192,
led. ACE is so that struction	7 AGE [If LESS than	and that death occurred on the date stated above, at
ied.	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
suppli in term See in	B OCCUPATION (a) Trade, profession or fine particular kind of work	
uily pla nt.	(b) General nature of industry business, or establishment in	
d in orta	which employed or (employer)	(Duration)yrs,mos,ds,
ATH in	9 BIRTHPLACE (Ctate or country)	Secondary (Duration) vis Anos ds.
F DE	10 NAME OF FATHER	(Signed) MINI Washing M. D.
should is v	II BIRTHPLACE	TIMEN 1977 (Address inthicium Has
CAUSE TION	OF FATHER (State of Continual o	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means to Injury and (2) Whether Accidental, Suicidal or Homicidal.
te PA	of MOTHER James Andrews	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
star	OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
of of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	(Informant) ama A Ly lus	Former or usual residence
Every il	(Address) July Pourie /h	9 PLACE OF BURIAL OR REMOVAL  21/MAA, 19
B. I. O. C.	15 Filed 21 Mar 1927 MARULIS Registry	20 UN DERTAKER ADARESS AUGUSTES
ż	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken laborer, er," etc., additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, of Occupation-Precise statement of ocwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive (b) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The contributory affection need not be

7	6	PHYSI-
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT SECORI	Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of gertificate.
0, 1.	WRITE	Every Item of Inform CIANS should state state occup

	PLACE OF DEATH	05225 STATE OF CERTIFICAT
Co	Anne Arundel	(117) Registration
Villa	ge or City Ft. George. G. Meade, MdNo.	St.;War
	2 FULL NAME JOHN TABAKINE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
3 51	Iale White Single, Marrie Widowed OR Divorced (Write the word)	ed May May (Month)  17 I HEREBY CERTIFY, That I
6 D/	March 14 , J. 18 (Month) (Day) (Yea	May 19 130, to May that I last saw him alive on May and that death occurred on the date sta
(a pa (b	31 yrs. 2 mos. 6 ds. or m  CCUPATION  Trade, profession or reticular kind of work  General nature of industry usiness, or establishment in hich employed or (employer)  Let a very be a constant of the consta	Appendicitis, acute, su  (Duration)
	RTHPLACE (State or country) Italy	Contributory Shock Surg.
	IO NAME OF FATHER Unknown	(Signed) C. D. HOLMES, Majo May .20192 (Address) Ft. G
ENTS	II BIRTHPLACE OF FATHER (State or country) Unknown	*State the Disease Causing Dea Violent Causes, state (1) Means of I
PARE	12 MAIDEN NAME OF MOTHER Unknown	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For He lents, or Recent Residents) UNKNO
	IS BIRTHPLACE OF MOTHER (State or country) Unknown	At place of death yrsmosda. S
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Former or Ft. George G. Mea
15	(LAddress)	Arlington Nat'l Cemetery
	O O O O	20 UNDERTAKER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

.May. 22 ...., 19.30.

LAUREL, MARYLAND

ADDRESS

1	MEDICAL GERTIFICATE OF DEATH
	16 DATE OF DEATH
	May 20,1930 ,-192 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	May 19 1930 , to May 20 1930.
	that I last saw him alive on May 20, 1980
	and that death occurred on the date stated above, at 1:10. P
	The CAUSE OF DEATH & was as follows:
	Appendicitis, acute, suppurative.
-	
-	(Duration) () yrs () . mos ] de.
1	
	Contributory Shock, surgical
	(Duration) Q. yrs D. mos O. ds
I	
1	( a !) a HULMED a MALIUL A MA CASULA A
	May 20 192. (Address) A.T. Liegarge Mandade, Ma
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) UNKNOWN
	At place of deathyrsmosda. In the State,yrsmosda.
	Where was disease contracted At place of death
	Former or usual residence Ft. George G. Meade, Md.
	TO DIACE OF PURIAL OF PENOVAL   DATE OF RURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

E. N. FISHER

(Approved by U. S. Censns and American Public Health Association.)

r..ture of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of full:ess of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House honsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. As examples: (a) tired 6 Urs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons en-(a) Foreman, (b) Automobile factory. whatever, write None. Housemaid, etc. If the occupation has been changed isiness, that fact may be indicated thus: Farmer fre-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material in many

Betacement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

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Exact

	1 PLACE OF DEA	TH			
Co	unty Amo Ani	ndel			
Villa	ge or CityWell	hem &	M(No.	y shoodeen	
	<sup>2</sup> FULL NAME	Hes	my	diat	
PERSONAL AND STATISTICAL PARTICULARS					
3 51	MALE COLOR		SINGLE, MARRIED, WIDOWED OR DIVORC (Write the w		
6 DA	ATE OF BIRTH	V			
	@00m.npm-0+20-00-00	(Month)	(Day)	, 1(Year)	
AG	41	moe	de	If LESS than I dayhrs	
(a) pa	CCUPATION ) Trade, profession or inticular kind of work ) General nature of indusiness, or establishmer hich employed or (emp	nt in	ner		
_	RTHPLACE (State or country)	Harkon	relle	)	
PARENTS	10 NAME OF FATHER	know	2	ile	
	11 BIRTHPLACE OF FATHER (State or country)	Miss			
	12 MAIDEN NAME OF MOTHER	Susi			
	13 BIRTHPLACE OF MOTHER (State or country	, Di			
14 🏵	(luformant)	TO THE BEST	OF MY KN	OWLEDGE	

### 07654 STATE OF MARYLAND CERTIFICATE OF DEATH

(90)

I more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S No. 1

Registration Dist. No. 2

St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- tend of street and humber.)				
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH  (Month)	(Day) , 1920 (YOAF)				
	ended the deceased from				
that I last saw halive on	, 192				
and that death occurred on the date stated	i above, at				
Suddy Death of was as follows:	probably cardio -				
Child Unknow	S. P.				
(Duration)	yrsmosds.				
Contributory Hanny	Milin H				
(Signed) MANU Wo	yrs. rios. ds				
10 July 192 & (Address) Level	want by				
*State the Disease Causing Death, Violent Causes, state (1) Jeans of Inf Accidental, Suicidal or Homicidal,	or in deaths from ury: and (2) whether				
18 LENGTH OF RESIDENCE (For Hospients, or Recent Residents)	itals, Institutions, Trans-				
At place of death yrs mos da. State	dayrsmos. da				
Where was disease contracted, if not at place of death?					
Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL				
Mount shound	, 19				
UNDERTAKER	ADDRESS				
Chart and I have the	1// 1/2 10/				

(Approved by U.S. Census and American Public Health Association.)

ploy d. a. At school or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Inborer," "Foreman," "Manager," "Deal-Tpinner, (b) Cotton mill; (a) Salesman, rhould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Lecemolive engineer, the first line will be sufficient, e. g., Farmer or Planta, funces of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reor given up on account of the DISEARE CAUSING BEATH gased in domestic service for wages, as Screunt, Cook to report specifically the occupations of persons en-W. rk. 0: At definite calary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. whatever, write Nonc. state occupation at beginning of illness. If recired from House maid, etc. Statement of Occupation-Precise statement of oc applies to each and every person, irrespective of For many occupations a single word or 6 yrs.). For persons who have no occupation especially in industrial employments, it is neceswithout more precise specification Home, and children, not gainfully em-(a) the kind of work and also (b) the if the occupation has been changed As examples: (a) The material (b) Grocery; term on as Day

Statement of Cause of Death—Name, first, the bis-LABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> licad Possoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as can be ascertained as the cau.e. "Dropsy." "Exhaustion," "Heart symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopne anonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); ......(name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nominclature of the American Medical Association. erni Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal perilonitis," "Uracmia," "Weaknes"," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenitul," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; of the injury, as fracture of skull, and conseof cause of death approved by Committee on FOR VIOLENT DEATHS tate MEANS OF INJURY "contributory." (e. g., sepsis, tetanus) may be stated under the Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Always qualify all failure," "Haemor-The contributory "Coma," "Con-Measles; The na-(second-(disease (merely not be etc.

1PLACE OF DEATH	03949 STATE OF MARYLAND
County A. A.	CERTIFICATE OF DEATH
	(90) Registration Dist. No. 27
Village or City Annapolis (No. 34 Sou	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) Wido	
August 22 , I 84 (Month) (Day)	
7 AGE  86 yrs. 7 mos. 27 ds. or mi	
a occupation (a) Trade, profession or particular kind of work None (b) General nature of industry business, or establishment in	(Durstion) Zyrs. mos. ds.
which employed or (employer)  BIRTHPLACE (State or country) Michigan	Contributory Secondary Deluter for Heart mos. (ds.
father Gen. M.6.Meigs U.S.A.	(Signed) (elfett breferoer M. D. 4 8 1920 (Address) Cluefth Wife
OF FATHER  C(State or country) Phila. Pa.  12 MAIDEN NAME  OF MOTHER TODIES Rodgers	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country). Unknown	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
(Informant) Mrs. Philip R. Alger	if not at place of death?  Former or usual residence
(Address) Annapolis Md.	Arlington Va. April 21:930.
Filed 18 192 3 Registrate  Registrate  Registrate  Registrate  Registrate  Registrate	John M. Taylor Annapolis Md- trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemoid, etc. household only (not paid Housekcepers who receive a Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesmon, without more precise specification as Day For persons If the occupation has been changed who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septiacemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ccidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease, Example: Mcasles (disease etc. The contributory

No. 1 100

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PLACE OF DEATH County arme arendel	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City friendship, Ind(No	St: Ward) (If death occurred a hospital or instition, give its NAME
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	(Month) (Day) (Year).  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  Occ. 29, 1939  (Month) (Day) (Year)	that I last saw h & alive on 14 7 7 198
7 AGE   If LESS than   1 day	and that death occurred on the date stated above, at 10.9.  The CAUSE OF DEATH * was as follows:  Litanus (?)-
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 Filed  (Address)  16 more b.anks are needed, addre. s. tate Negistran	Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise special annual case of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement.
Never return "Laborer," "For man," "Manager," "Dealtion applies to each and every person, irrespective of Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Nover report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, Or For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condistated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train causing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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#### PHYSI-PLACE OF DEATH County A.A ciassifie be stated EXACTLY Sharpspoint (No. Village or City certificate <sup>2</sup>FULL NAME William Holmes Tea properly PERSONAL AND STATISTICAL PARTICULARS SSINGLE. Married 3 SEX 4 COLOR OR RACE eq may be WIDOWED. OR DIVORCED Male White Write the word 6 DATE OF BIRTH Feby 16 instruction (Month) (Day) (Year) 7 AGE If LESS than I day hrs. OCCUPATION 99 (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Patterson N.J. 10 NAME OF FATHER John Teas

()3950	CERTIF	ICATE	OF DE	ATH
S	St.:	Ward)	a hospital	occurred in or institu- ts NAME in- street and
MEDIC	AL CERTIF	ICATE O	F DEATH	
that I last saw hand that death occur	CERTIFY, T	onth)  That I atter  to Office  ate stated a  ollows:	Day)  nded the de  f 2 8  f 2 8  bove, at	(Year)
Contributory	Chio	tion)	yrs. m	hutes

11 BIRTHPLACE OF FATHER HNA (State or country) New York

12 MAIDEN NAME OF MOTHER Elizebeth Holmes 13 BIRTHPLACE

OF MOTHER Penn. (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

John H. Teas (Informant) Sharpspoint A.aA. Co.Md. (Address)

DO UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

Violent Causes, state (1) Means

Accidental, Suicidal or Homicidal.

ients or Recent Residents)

Where was disease contracted,

if not at place of death?..

At place of death

Former or usual residence.

Philadelphia Pa.

John M. Taylor

DATE OF BURIAL

State.....yrs....mos....

deaths from

(2) Whether

May: 1 1930. ADDRESS

Death, or, in of Injury and

In the

Annapolis Md. If more blank are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

\*State the Disease Causing Death, or,

(Duration)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewije*, *House*. loborer, Form laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Physicium, Compositor, Architect, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Meusles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvulor heart disease; etc. The contributory

1	PHYSI-	· Exact	
OKO	EXACTLY,	y classified	leate.
WRITE P INLY, WITH UNTADING INKIHIS IS A FERMANENT LORD	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
IS IS A FE	ed. AGE she	is so that it	structions or
C INKIT	efully suppli	n plain term	tant. See in:
I UNFADIN	ould be car	OF DEATH !	s very impor-
NLY, WIIF	ormation sh	ate CAUSE	UPATION IS
KILER	item of inf	should st	nent of OCC
M	B Every	CIANS	staten
1	ż		

PLACE OF DEATH  County Crownsville St  Village or City  Anne  2FULL NAME	Arundel County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male black	5 SINGLE, MARRIED, SINGLE WIDOWED, OR DIVORCED (Write the word)	June 5th (Month) (Day) (Year)
DATE OF BIRTH Unkno (Month)	(Day), 1.890 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 3rd 1929 to June 5th , 1923 that I last saw h imalive on June 5th , 1923
40? yrs.  B OCCUPATION (a) Trade, profession or particular kind of work NON	lf LESS than l dayhrs. ormin.?	. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration) Unknown mos d
State or country) Mary	land	Contributory Secondary Thomas Management of the Contributory Secondary Management of the Contributory Secondary Secondary Management of the Contributory Secondary Secondary Management of the Contributory Secondary Se
11 BIRTHPLACE OF FATHER (State or country) Unkn	nown	(Signed)  June 5 192 8QAddress) Crownsyille, Mo.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNKN 13 BIRTHPLACE	own	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST		At place of death yrs. 2 ds. In the Lifetime d  Where was disease contracted, if not at place of death?
(Informant) Hospital		Former or usual residence Frederick County, Md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ro. Y. Land

Registrar

20 UNDERTARER

Hospital

CADDRESS Crownsville,

Crownsville, Maryland

(Address)

15

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from laborer, Farm loborer, Laborer—Coul mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to cupation is very important, so that the relative healthgaged in domestic service for wages, as Sarrant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, yrs). know (a) the kind of work and also (b) the (b) Cotton mill; (a) Salesman, without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation not gainfully em-(3) The quescuginter, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to 1 for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., sepsis, Whooping ...... name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY by cough; " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need Committee on Nomenclature Chronic valvular heart disease etc. The "Haemorrhage, contributory

PLACE OF DEATH	1011 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
1 - 0	Registration Dist No. 21
Village or City Comapolet (No. Emerges	St.: Ward) (If death occurred in a hospil or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEOU OR DIVORCED (Write the word)	16 DATE OF DEATH Dead LAN, 192
6 DATE OF BIRTH	(Month) (Day) (Year)
Sept 22 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, at
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	due to Deahetis and Plomain
(b) General nature of industry business, or establishment in which employed or (employer).	Duration)
9 BIRTHPLACE (State or country) annual whole my	Contributory Secondary
10 NAME OF W.m. Terry	(Signed) Walton H Hoffs no M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Edith K. Jerry	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place In the of death .yrsmosds. Stateyrsinosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) U.M. Lers	Former or usual residence
(Address) am apolit on	Oda Cold Sup 23
15 Filed fift 23 19230 fragh e. fragistrar	B L Hopping amgoolog
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Ballo., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Firmadire gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DISEASE Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Dinhiberia avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia,"

BURGAU

"Exhaustion," "Heart failure,
"Thanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dofinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.); "Dropsy;"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) Chronic ," "Coma," "Convulsions, affection etc. The contributory valvular heart disease, necd not be

1 <sub>PLACE</sub>	OF	DEATH
unty	Α.	.A.
ge or City	Eas	stport

#### STATE OF MARYLAND

County A.A.	(144) CERTIFIC	ATE OF DEATH
	Registra	tion Dist. No.
Village or CityEastport (No. Adam	ns St.: V	Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
		**************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
Female White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MORCH	19th, 19230
6 DATE OF BIRTH		I attended the deceased from
November 16 (Day) (Year)	that I last saw h Cralive on	lak X
7 AGE [If LESS tha		tated above, atm,
25 yrs. 4 mos. 3 ds. or min.	s. The CAUSE OF DEATH * was to follow	wat
8 OCCUPATION (a) Trade, profession or   particular kind of work HOUSE	Man Has	entered
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrs. mosde.
9 BIRTHPLACE (State or country) Fort Meyer Va.	Contributory Alland. (Duration)	yrs. A mos. ds.
10 NAME OF	(Signed)	sell M.D.
FATHER Frank Dennison	3 - 19/ (Address) Sa	strast
OF FATHER  (State or country)  Va.	*State the Disease Causing I Violent Causes, state (1) Means	Death, or, in deaths from of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Nannie Vinimont	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For lients or Recent Residents)	Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Va	At place of deathyrsmosds.	In the Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) John G. Block	Former or usual residence.	
(Address) Eastport Md.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Arlington Va.	March 1,9,930.
15 Filed leavel 19 1930 frank & frank Tue	20 UNDERTAKER	ADDRESS

V. S. No. 1

WRITE

80

Annapolis Mq. If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

John

Taylor

Registrar

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, The ques-Grocery, ,""(Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acidaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus," "Old Age, -probably suicide. The nature of the injury, Committee on Chronic valvular heart disease; etc. Nomenclature of the The contributory " Shock,"

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At Rome. ( are should be taken definite salary). may be entered as Housewife, House on at home, who are engaged in the duties of the laborer, Farm laborer. Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reztate occupation at beginning of illness. If retired from or given up on account of the DISTASE CAUSING DEATH, to report specifically the occ pations of persons enhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Nover return "Laborer," "Foreman." "Manager," "Deal-Housemuid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrs.). For many occupations a single word or term on A write None. Home, and For persons who have no occupation children, not gainfully em-As examples: (a)

Streement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the ouly definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

Nomenclature of the American Medical Association.) symptomatic). "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); myes, peritonaeum, etc., Carcinoma, Sarcona, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men quences (e. g., sepsis, tcianus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL sopticaemia." "PUERPERAL peritoritis," diseases resulting from childbirth or miscarriage as rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," vulsions." ment of cause of death approved by Committee ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Poisoned by carbolic acid—probably suicide. Whooping cough; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Exhaustion," "Heart failure." "Haemor-"Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Measles (disease Struck by railway Always qualify all heart Measles; The na-(merely disease; (second-"Con-

PARENTS

	OF DEATH					
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lage or City	ÚPO:	nsv.		(No.	.e	Hospit
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emale	black		OR (Wr	DIVORCI	ED rd)	
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	***************************************	UNIX (Month)	nov	(Day)		1 875 (Year)
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(State or cou			lar,	/land		
10 NAME OF			Unio	novm		
OF FATHE (State or	R			nown		
12 MAIDEN OF MOTH			Jnk	nown		
13 BIRTHPL OF MOTH (State or	ER		Unk:	nown		

Hospital Records

#### 07655 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.
St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Year).... I HEREBY CERTIFY. That I attended the deceased from at I last saw h Cralive on July 55 , 192 3 e CAUSE OF DEATH \* was as follows: Contributory Secondary Disease Causing Death, or, in \*State the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

ients or Recent Residents)

LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

here was disease contracted, not at place of death?.....

Baltimore Ci DATE OF BURIAL 19-PLACE DE BURIAL OR REMOVAL

Mr aruno	7-6	Vent
UNDERTAKER		31

W. Saratoga St., Balto., Requesting V. S. No. 1. If more branks are needed, address State Registrar 17

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. gaged in domestic service for wages, as Nervant, Cook, ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material 6 yrs). engineer, Stationary fremun, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation 3 The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, (secondar) American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse." "Coma," "Convulsions, interstitial nephritis, 'name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory Poisoned by

V. S. No. 1

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MANGIN RESERVED FOR BINDING	WRITE INLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 -6
CM	WITH UN	tion should AUSE CF I	
2	HNLY,	Informa state C	STANDORD
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PLACE OF DEATH	05226 STATE OF MARYLAND
County Anne Aruddel	CERTIFICATE OF DEATH Registration Dist. No.
Village or City <u>Crownsvill(MoState Hospi</u> 2FULL NAME Frank Thomas	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male black   5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	May 1st , 19230 (Month) (Day) (Year)
Unknown , 1 889  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 24th 1927 to May 1st 1950 that I last saw him alive on May 1st 1930
7 AGE  If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Porter	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 48 hours de
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Dufleye) 7 yrs. mos. ds
10 NAME OF FATHER UNKNOWN	(Signed M.D. M.D. M.D.
OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN	At place 2 yrs 11 mos. 7 ds. In the State Lives time ds Where was disease contracted,
(Informant) Hospital Records  (Address) Crownsville, Maryland	if not at place of death?  Former or usual residence Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL  Orowaserille 2006  3.3.
Filed 192 BONTON Registrar	20 UNDERTAKER  A. V. Weilworke Sept Walestrung
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact

CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

WRITE

V. S. No. 1

#### **INEVISED** CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a'l questions

	PLACE OF DEATH	02578 STATE OF MARYLAND		
	County U - U -	GI-D CERTIFICATE OF DEATH		
	11/11/11/01	Registration Dist. No. 74		
	Village or City // ills Vills (No.	St: Ward) (If death occurred in a hospital or institu-		
ficate	2 FULL NAME DE Org & anna Thom	Mas.  A nospital of institu- tion, give its NAME i1- stead of street and number.)		
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)	16 DATE OF DEATH 3 - 8 - 30, 192  (Month) (Day) (Year)		
on b	6 DATE OF BIRTH UN KNOWN - HULL	17 I HEREBY CERTIFY, That I attended the deceased from 180. to 3-8-30, 192		
ion	(Month) (Day) (Year)	that I last saw hell alive on 3 - 8- 30, 192		
structions	7 AGE    If LESS than	and that death occurred on the date stated above, at 12.55/1 m.		
nstr	64 yrsda. ormin.?	The CAUSE OF DEATH * was as follows:		
96	e occupation (a) Trade, profession or PAMSM:			
S	particular kind of work  (b) General nature of industry	aterio selerocci		
ant	business, or establishment in	(Duretion) yrs. 2 mos 4 ds.		
port	which employed or (employer)	Contributory		
m	(State or country) Willers Ville 111d	Secondary (Duration) 778 mosds.		
very	10 NAME OF FETERT Parker	(Signed) Company M. D. (Address) 3.5 Calcut 81		
ON is	OF FATHER (State or country)  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PAT	of MOTHER & Sysbeth Branford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
OCCUPATION	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds,		
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?		
ent	(Informant) O-harles Chathas	Former or usual residence		
statement	(Address) P.O. Millero Ville	MI Sabor CEML - 3- 1/ 19.30		
စ	Filed saule 11 1923 & Joseph Co Joseph Registrar	20 UNDERTAKER  & H B, arken - Son 47 Washington So		
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		
		2 Pil De Malon		

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emlaborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyr8). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic affection need etc. The contributory valvular heart disease; not be

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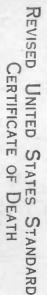
PLACE OF	DEATH
County Anne	e Arundel

15227

#### STATE OF MARYLAND CERT!FICATE OF DEATH

		* ·-· · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••		77)	Registration	Dist. No. 2
Vil			le State Ho		1	St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND	STATIST	ICAL PARTICULA	RS	MEDICAL	CERTIFICATE	OF DEATH
Male black 5 SINGLE, MARRIED, MARRIED MARRIED, MARRIED MARRIED, MARRIED MARRIE			16 DATE OF DEATH		, 192 30 (Day) (Year)		
6 DATE OF BIRTH  Unknown , 1 870  (Month) (Day) (Year)				17 I HEREBY C	ERTIFY, That I att	ended the deceased from 20th	
7 AGE  60 yrs. unknown ds. or min.?				dayhrs.	and that death occurred The CAUSE OF DEATH Exhaustion d	* was as follows:	above, at 2: 80A. m. e mania of
) P ( b	DCCUPATION  a) Trade, profession o  barticular kind of work  b) General nature of ir  usiness, or establishme  which employed or (emp	ndustry nt in	Laborer			ration (Duration)	yıs, Unknown ds.
9 8	STATE OF COUNTRY)	Mary	land		Contributory Secondary	Dunion	yıs mos ds.
	10 NAME OF FATHER	Gabri	el Thomas,	dead	(Sign d) 192 30	Address Grown	sville Md.
ENTS	OF FATHER (State or country)	Mary	land		*State the Disease Causing Death, or, in deal Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution is the control of		or, in deaths from
PARE	12 MAIDEN NAME OF MOTHER	Franc	es Thomas				tals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	Maryland		At place of deathmosmos.		e.Lifetimed.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			if not at place of death?.	######################################	36		
	(Informant)		tal Records		usual residence	ors Island	DATE OF BURIAL
15	(Address)	19250	6, f. Joyc	Q egistrar	20 INDERTAKER	widsoul	ADDRESS Crack

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Could ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, Locomolive Laborer-Coul mine, etc. engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted team for the same disease. Examples: \*Cerebrospinal fever\*\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\*\* (avoid use of "Croup"); \*Typhoid fever\*\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, \*Bronchopneumonia\*\* ("Pneumonia,");

tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by (Recommendations on statement of cause of death carbolic acid—probably suicide. or as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid (secondar/ or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic The n ture of the injury, valvular heart disease, affection need etc. The contributory

		PLACE OF DEATH	14632 STATE OF MARYLAND
		County U (4 /0'	CERTIFICATE OF DEATH
ricate.			Registration Dist. No. 21
	Vi	2FULL NAME Januar Hemlo	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
cert	1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CK OT	3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH Drewher 29, 1898
Da	Z	(Write the word)	(Month) (Day) (Year)
5	6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
00		E SPD 20, 1930	, 192,
011	_	(Month) (Day) (Year)	that I last sew h
3	7	AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
181		yrs. mos. ds. or min.?	Poss : parla l'Esternos es
200 111	8	OCCUPATION	
	3	(a) Trade, profession or particular kind of work	of the Pulones
	3	(b) General nature of industry	
		business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
Ö	3-	BIRTHPLACE	Contributory
E	4	(State or country)	Secondery (Duration) vs. mosds,
	_	10 NAME OF	John W. Dundand in A. Palisa as longues.
Q A		FATHER PRINCE !	(Signed) 10 mm M. D.
(2)	S	11 BIRTHPLACE	192 (Address) William Ma
	STN	OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
-	O.	12 MAIDEN NAME	Accidental, Suicidal er Homicidal.
3	PA	OF MOTHER Holley Meruss-	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3		13 BIRTHPLACE OF MOTHER	At plane In the
3		(State or Country) U - U - U .	of deathyrsds. Stateyrsds. Where was disease contracted,
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
		(1) Idalli Transact	Former or usual residence
		(laformant) Tellen William	19 FDACE OF BURIAL OR REMOVAL DATE OF BURIAL
0		(Address) Of Clay of	Quel N. OU Con the 23/ 1030
010	15	0/12/21	UNDERTAKER ADDRESS
	. 3	Filed free 31 1930 frage - Tyc Ma	Show 6 St. Wat. 34 Moulhurs
	=	TV TV	La W. Seratora St., Balto, Requesting V. S. Ivo. 1.
		If more blanks are needed, addre.s tate hegistrar	Me.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective ef fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Sulesman, (b) Grocery; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. laborer, first line will be sufficient, e.g.. Farmer or Planter, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E-baustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping eough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJU.:Y by Committee on Chronic valvular heart disease; affection need Nomenclature of the not be

1	4	9		
	should be stated EXACTLY,	it may be properly classified	s on back of certificate.	
	ACE	that	ction	
	. B Every item of Information should be carefuily supplied.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.	
	ż			

PLAC	E	OF	DEATI	н
County	A	ne	Aru	ndel

65228

address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 744

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil		cownsville State He	tion, give its NAME in- stead of street and
=	PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male black	SSINGLE, SINGLE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEALH 2nd , 192 30 (Month) (Day) (Year)
6	DATE OF BIRTH unkno	own , 1 900	I HEREBY CERTIFY, That I attended the deceased from February 12 1927 to May 2nd 1930.
	**********************	onth) (Day) (Year)	that I last saw h imalive on May 2nd
		lfLESS than I day hrs.	and that death occurred on the date stated above, at 6:30A.m. The CAUSE OF DEATH * was as follows: Chronic Interstitial Nephritis
	DCCUPATION  a) Trade, profession or barticular kind of work  b) General nature of industry business, or establishment in which employed or (employer)		(Durstion) yrs, 6 mos ds.
9 1	State or country)	Maryland	Contributory Secondary
	10 NAME OF FATHER	William Thomas	Signed) Le May 3nd 192 3QAddress Crownsville, Md
NTS	11 BIRTHPLACE OF FATHER (State or country)	Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER	Julia Washington	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	Maryland	At place 3 yrs. 2 mos 20 ds. In the State
14	THE ABOVE IS TRUE TO THE E	EST OF MY KNOWLEDGE	if not at place of death?
(	(Informant) Hos	pital Records	Former or usual residence Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cro	wnsville, Md.	Hosph Cem. 5-3-,00
15	Filed 192, (	(BR) Joyc	20 UNDERTAKER ADDRESS ADDRESS Waterbry

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If refired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Houseworld, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons en-Spinner, Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, that fact may be indicated thus; Furmer (rewithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation. Laborer--Coul mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrosphual fever\*\* (the enly definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria avoid use of "Croup"); \*Typhoid fever\*\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\*\* ("Pneumonia,")

"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock, tions, su h as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar/ (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy"," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

PLACE OF DEATH County	07656 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 7
Village or City (Mnapolo) (No) 08	St.: Ward)  (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1934 (Month) (Day) (Year)
6 DATE OF BIRTH 7 . 1936	17 I HEREBY CERTIFY, That I attended the deceased fr
(Month) (May) (Year)	that I last saw h last saw h 1923
7 AGE   If LESS than   I day	The CAUSE OF DEATH * was as follows:
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Leage Thomas	(Signed) (Duration) yrs. mos
11 BIRTHPLACE OF FATHER (State or country) 12 MaiDEN NAME	*State the Lisease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Garley omes	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) 9 Edo Jones H	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 11 & 19230 Frank 6. Fry a	20 UNDERTAKER ADDRESS OA
Registra	Johan & Though. 341 Morth

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e:ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic affection need valvular heart disease; not be

WRITE

V. S. No. 1

si.	1 <sub>Pl</sub>
PHY EX	County
EXACTLY, in classified ficate.	Village o
carefully supplied. ACE should be stated EXAC TH in piain terms so that it may be properly class prostant. See instructions on back of certificate.	PE 3 SEX
should it it may it is on bac	hal 6 DATE O
led. ACE	7 AGE
fully supply plain term ant. See in	B OCCUPA (a) Trac particula (b) Gend business which en
be care	9 BIRTHPI (State
ry item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-INS should state CAUSE CF DEATH in piain terms so that it may be properly classified. Exact tement of OCCUPATION is very important. See instructions on back of certificate.	10 NA FAT OF CS OF
N. BEvery Item of I CIANS should statement of Oc	(Info
m	Filed
z	

PLACE OF DEATH County 4 - 4	01343 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Pagistration Dist. No. 2
Village or City Churchton : (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Gerald Hom	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Rugu	16 DATE OF DEATH July 4 , 198.0
6 DATE OF BIRTH  Mun-  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Jun. J. 1920 to J. 4 , 1520,  that I last saw have alive on J. J. 1520,
7 AGE    If LESS than   I day hrs.   or min.?	The state of the s
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Duration) yrs. mos. ds.  Contributory Prematuraty - Secondary (Duration) yrs. mos. ds.  (Signed) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  A - A. County  Whompson-  13 BIRTHPLACE OF MOTHER (State or Country)  A - G. County	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)  At place In the State yrs
(Informant) Churchon	Where was disease contracted, if not at place of deah?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Tranklin Cemelery  The feet of Burial  Tranklin Cemelery
Filed Feb- 6 1980 Ger J Sent Mix) Registral	20 UN DERTAKER  1 J. Hardesty  Salesville
If more banks are needed, addre.s Ltate Registrar	r, 16 W. Saratoga St., Balto., Ivequesting V. S. Ivo. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

läborer, Farm laborer, Laborer—Caal mine, etc. state occupation at beginning of illness. If retired from Spinner, (b) Collan mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Hausewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. Physician, Compositar, Architect, Lacomative engineer, the first line will be sufficient, e. g., Farmer ar Planter, whatever, write Nane. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al hame. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, (b) Automabile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the But in many (6) Gracery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemia cerebrois, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death atie), "Atrophy," "Collapse," "Com2, "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-prabably suicide. The n-ture of the injury, accident; Revalver waund of head-hamicide; Poisoned by or as prabably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapncumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondar j or intercurrent) Chronic interstitial nephritis, Examples: Accidental drawning; Struck by railway train— State cause for which surgical operation was under-"Atrophy," "Collapse," "Comz," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature caugh; Chronicetc. The contributory affection need valvular heart not be disease;

V. S. No. 1

m

PLACE OF	- / }	del		02579	CERTIFICAT	MARYLAND E OF DEATH Dist. No. 26
Village of City 2FULL N	VAME JOS,	mes /	4 This	mpson	St.: War	d) (If death occurred i a hospital or institu- tion, give its NAME in steed of street an number.)
PERSONAL	AND STATIST	ICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
Male 6 DATE OF BIRTH	COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	ED	17 I HEREBY	CERTIFY, That a	(Day) (Year) ttended the deceased from
••••	Month	(Day)	, 1877 (Yewr)	11 / 3	1929 . to /// 4	m/ a
7 AGE	B yrs.	www.	If LESS than I day hrs. or min.?		rred on the date state I'H * was as follows:	
B OCCUPATION  (a) Trade, profess particular kind of	work /	leman	,	Chroni	nephrilo	
(b) General nature business, or establ which employed or	ishment in	.004	00 0 4 0 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(Duration)	2 yrs. c mos de
9 BIRTHPLACE (State or country	· Mi	1		Contributory Secondary	(Duration)	vis. mos de
10 NAME OF FATHER	An Hen	ry Thon	upson	(Signed) Ged	1 Dent	M. D
OF FATHER Z (State or coun	ntry) M	6		*State the D Violent Causes, st Accidental, Suicidal	Pisease Causing Death tate (1) Means of to or Homicidal.	n, or, in deaths from Injury and (2) Whether
OF MOTHER	Laura	Jaine.			SIDENCE (For Hosp	oitals, Institutions, Trans
OF MOTHER (State or cou	(11.	(		At place of deathyrsr		ne atede
14 THE ABOVE IS TO	RUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease confif not at place of dea	th?	
(Informant)	ellman	Phone	lison	Former or usual residence		
(Address)	Churc	lelon		Fankly	Uneley	MM 36. 1930
Filed MAA J	1923 0	Sur 1.	Dent My Registrar	2 HB Par	ker	andress
					D L D W	C N'- 1

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Laborer-Coal minc, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart failure, fraction, "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopncumonia (secondary), valvular heart disease; not be

	PLACE OF DEATH	08935 STATE OF MARYLAND
	County a - a	CERTIFICATE OF DEATH
		Registration Dist. No. 21
	annal of 57 Ma	) f
:	Village or City WWW (No. 1	walu a hospital or institue
a la	2 Many L	tion, give its NAME instead of street and
	2FULL NAME ///W/9	JNONGLOOM number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEXT 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 1. 1. 1. 1. 2
2	Col widowed. Wi aow or divorced	augus 70 (62)
ם .	(Write the word)	(Year) (Year)
5	6 DATE OF BIRTH	17 I HEREBY WRTIFY, That I attended the deceased from
0	i JASM 13, 1870	1984 to falle 20 , 1922
	(Month) (Day) (Year)	that I last saw h Malive on Many 1980,
3	7 AGE	and that death occurred on the date stated above, at
0	60 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as collows:
	B OCCUPATION mosds.   ormin.}	[ July 1 Way
	(a) Trade, profession or	
7	particular kind of work  (b) General nature of industry	
	business, or establishment in	(Duration) yr 2 mos 1 ds.
34	which employed or (employer)	Contributory gratestings to Sulle
2	9 BIRTHPLACE (State or country) amalich's Mid.	Secondary
	110 NAME OF /	(Duration) / yrs. mos. 14 ds.
0	FATHER Symmy Rigids	(Signed) (Signed) M. D.
n	II BIRTHPLACE	1970 (Address) Chile Her
	OF FATHER (State or country) Q-Q-Co Md.	*State the Discase Causing Death, or, in double from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	TI 12 MAIDEN NAME OF THE OF THE	
(	of MOTHER (afhinan Richardson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	
	(State or Country) (1 - (1)	At place of deathyrsds. In the Stateyrsds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Carris Bias James	Former or usual residence
	(Informant) Cam & Dias Yams	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 51 Was hweglon 8.	Porgwerfill Cent - 8 24, 1930
5	15 / 22 4 2 2	20 UNDERTAKER ADDRESS
	Filedung >2 19230 Fine C Recistrar	2. H. 16 arker 47 Washington
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
3.3		Dr- andrigon

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more process. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salcsman, Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrnage, "Shock," "Shock," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

1		Exact
3	ORD	EXACTLY, P ly classified. ficate.
DING	WRITE PARKY, WITH UNFADING INK-THIS IS A PERMANENT I ORD	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	S IS A PER	d. ACE shots so that it metrocions on
RESERVED	G INK-THE	ofully supplied plain terms ant. See ins
MARGIN F	UNFADING	ould be care OF DEATH is
	NLY, WITH	ormation shate CAUSE
	RITE P	item of inf S should st ment of OCC
7 000	X	BEvery CIAN states

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PLACE OF DEATH Anne Arundel County

05229

#### STATE OF MARYLAND CERTIFICATE OF DEATH

/		~		(3)		Registration I	Dist. No. 3/
Vill	age or City <sup>2</sup> FU		wnsvilde. S Mary E		eson	St.:Ward)	(If death occurred in a hospits! or institu- tion, give its NAME in- stead of street and number.)
-	PERSON	NAL AND STA	TISTICAL PARTI	CULARS	MEDICAL	CERTIFICATE C	OF DEATH
	female black single, married marked, widowed, or divorced (Write the word)		May 19th , 192.30 (Month) (Day) (Year)				
6 DATE OF BIRTH  unknown , 1 901  (Month) (Day) (Year)					I HEREBY CERTIFY, That I attended the deceased from April 23rd 192 30to May 19th , 192 30 that I last saw h er alive on May 19th , 192 30		
7 A	GE		unkmo.wn	lf LESS than I day hrs. or min.?	and that death occurred of the CAUSE OF DEATH * Pulmonary tub	was as follows:	
pa (b) w	isiness, or e	d of work ature of industry stablishment in ed or (employer)		žk	Contributory Exha	× 1	unknown d. mental dises
RENTS	10 NAME OF FATHER  11 BIRTHPL  OF FATH  (State of	ACE	Richard Wa	rmely	*State the Dieges	Address) Crown	Sville, Md.
PARE	12 MAIDEN		Susie ?	The Low	Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)		
	OF MOTE		Maryland		At place of deathyrsmos.2	6 ds. In the	Lifetime d.
14	(Informant	Hospita	BEST OF MY KNO Records nsville, M		if not at place of death?  Former or Baltim usus! residence.  19 PLACE OF BURIAL OF	ore City,	Mary land
15		-	Jay LC.	Registrar	20 UNDERTAKER	ensley!	ADDRESS STENDED

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the loborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Foremon, engineer, Stationary firemun, etc. But in many or Al For many occupations a single word or term on Farm laborer, Laboreryrs). (b) Cotton mill; (a) Salesman. without more precise specification as Doy Home, and children, not gainfully ein-For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Woin-(b) The ques-Grocery,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever 'tle only definite synonym is "Epidemic earchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonio, Bronchopmeumonia ("Pneumonia,")

> (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemio," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by tetmus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely ean be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid as fracture of skuli, and consequences 'e g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aceidental drowning; Struck by roilway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Committee Chronic volvulor heart diseose; on Nomenclature The n ture of the injury, etc. The Always qualify all eontributory

PLACE OF DEATH	013	344	STATE OF M	MARYLAND
County Anne Arundel	0.1	(10)	CERTIFICATE	OF DEATH
		(112)	Registration I	Dist. No. 21
Village or City Crownsvi 1 (No.			St.:Ward)	
PERSONAL AND STATISTICAL PAR	1		CERTIFICATE O	F DEATH
Male black 5 SINGLE, MARRIE WIDOWE OR DIVO (Write the	ED. DRCED	6 DATE OF DEATH	bruary 18t	h , 192 ZO (Year)
6 DATE OF BIRTH  Unknown  (Month) (D	1 895	May 24th	192 7. to Feb;	ruery 18, 192 30 ary 18th 192 30
7 AGE 35 <sub>yrs.</sub> unknagn	I day hrs. T	he CAUSE OF DEATH	* was as follows:	above, at 10P . m.
(State or country)  Particular kind of work  Porter  P		Contributory ACU Secondary	te indigest	hour, and hal
North Gerol  North Gerol  North Gerol  North Gerol  North Gerol	(S	Signe July		METO SM. D.
Unknown  Il Birthplace OF FATHER (Stste or country) Unknown  Il Birthplace Unknown	•••	*State the Disea Violent Causes, state Accidental, Suicidal or		,
T 12 MAIDEN NAME OF MOTHER UNKNOWN	16		ENCE (For Hospits	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	w	t place 2 yrs. 8 mos.	24 ds. In the State	ds.
(Informant) Hospital Record	NOWLEDGE if Fo	not at place of dea.h? ormer or Balti sual residence	more City.	Mer/lend
(Address) Crownsville,	Maryland A	FORFT CE	REMOVAL	DATE OF BURIAL
15 Filed 2/22 3 492.	Registrar 20	M. 1. Willer	oth Super	Waterbury
If more blanks are needed, add	dre.s State Registrar, I	6 W. Saratoga St., Bal	to., Requesting V. S.	No. 1. Wed

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. valvular heart The contributory disease ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	17140 STATE OF MARYLAND
County Hunk Mundel	CERTIFICATE OF DEATH
li li	Registration Dist. No. 22
Village or City Facabrills: (No.  (Priest's Bordge Baly The	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  June 7, 1936  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 7, 193, that I last saw h 124, alive on 24, 192,
7 AGE If LESS that I day 3 hrs. mos. ds. 64.20 min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Premature berth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Duration vis mos da,
11 BIRTHPLACE	(Signed) M. D.  Mue T. 1930 (Address) Faculous Med.
OF FATHER (State or country) West Orginia	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Dorothy McDonorgh	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Informant) & Doy Property (Address) Bankrulle M.D.	Veightstown Frederick & Md June 8, 1920
Filed June 7 1980 M.L. Jones New Long Registra	20 UN DERTAKER JAPORESS D. L. Meace Lambrillo Md
If more hanks are peeded addres I tate Kegistr	

(Approved by U. S. Census and American Public Health Association.)

Jaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using alwhys the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis, "(E::haustion," "Heart failure," Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County a. C. County	Registration Dist. No. 22
	Village or City Dessup mdNo.  2FULL NAME William Thorn	M Nouse Det.: Of Ward left weath occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  May 1 (Month) (Day) (Year),
	6 DATE OF BIRTH  (Xonth) (Day) (Year)	that I last saw have alive on April 30 1927,
	7 AGE    If LESS than   day hrs.   day min.	and that death occurred on the date stated above, and #5
111	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Chrin Entroule (Duration) yis 2 mos de
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yıs
	10 NAME OF FATHER TIMBURE	(Signed) M. D.
	OF FATHER Z (State or country)	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	2 12 MAIDEN NAME OF MOTHER Jorknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs mos ds.
10 1110	Informant A Me Haman	if not at place of death?  Former or usual residence
aleman	(Address) MHE Jessep MA	Oherry July harman, 1980
10	Filed May 192 9 Houselash	20 UNDERTAKER MAIShall Jesup Mis

If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the should be used only when needed. As examples : (a additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g. . Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. household only (not paid Housekeepers who receive a Never return 'Laborer." "Foreman," "Nanager," "Deal-Physician, et ... Foreman, For many occupations a single word or term on yrs). Farm luborer, (b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The without more precise specification as Compositor, For persons who have no occupation Laborer-Architect, -Coul mina, etc. Wom-Locomolive engineer, (b) natierial Grovery; Day

Statement of Cause of Death—Name, first, the DISBASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemis" (merely symptomstated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Wcakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsus, "Inanition, Whooping Examples: Accidental drowning; Struck by railway train. American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY " "Marasmus, cough; for malignant neoplasms); Chronic Example: Measles (disease " "Old Age, etc. valendar heart Nomenclature of the The contributory Sarcoma,, etc., of " Shock," disease; Meusles ; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

Dr. Andrike

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery:
man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

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V. S. No. 1

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N. BEvery Item of information should be carefully supplied. ACE should be states EXACTLY, PHYSI-CHANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH  County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Crownsville State Hosp  2FULL NAME Lucy Tilman	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black single windowed.  OR DIVORCED (Write the word)	January 9th , 19230
Unknown 875	October 4 Tanuary 9th, 19230,
(Month) (Day) (Year)  7 AGE   If LESS than   I day hrs.   I day hrs.   or min.?	that I last saw her alive on January 9th, 19230, and that death occurred on the date stated above, at 6 A. m. The CAUSE OF DEATH * was as follows: Chronic interstitial nephritis
(a) Trade, profession or Domestic  particular kind of work  (b) General nature of industry business, or establishment in	(Duration) vrs. 6 mos ds.
which employed or (employer)	Contributor Mygcarditis (acute)
(State or country) Maryland	Secondary unknown ds.
10 NAME OF John Allen	Jan. 9 19280 (Address) Crownsville, Md.
of FATHER (State or country)  Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country)  Unknown	At place 16 yrs. 3 mos. 5 ds. In the State Live time ds. Where was disease contracted,
Hospital Records  (Address) Crownsville, Maryland	Former or usual residence Anne Arundel County, Md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Lim Willey Church Ciul 1, 12, 1930
(Address) Crownsville, Maryland  15 Filed un 10 19230 Jacq 6 C. J. C. A.	26 UNDERTAKER & ADDRESS ADDRESS OF H. B. Parken & Son 47 Washington S

If more banks are needed, addre a ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from loborer, Norm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business for industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory fireman, etc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Groccry; Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on without more precise specification as Day As examples: (a) But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature need not be disease;

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4. No. 1

PLACE OF DEATH	01345 STATE OF MARYLAND
County Arme and del	CERTIFICATE OF DEATH
2	Registration Dist. No. 20
Village or City By as of (No	St.: Ward) (If death occurred a hospital or Institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Cionth) (Day) (Year	that I last saw h allowages At The 1927
7 AGE    If LESS than     day hrs.   da or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	lehung rephilis
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Centributory Manual Secondary
10 NAME OF FATHER Jerming Daugne.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Si
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For fiospitals, Institutions, Translents or Recent Residents)  At place of death yrs mos ds. btste yrs mos d
(Informant) With a Bollins	Where was disease contracted, if not at place of death?  Former or usual readence.
(Address) Jothan Mol	Date of Burial Date of Burial  Mariel Har quetery  20 UNDERTAKER,  Appress,
If mora blanks are needed, address State Registrar,	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupition is very important, so that the relative health sary to know (a) the kind of work and also (b) the fillness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Chril engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocluborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rewhatever, write None. Housemaid, etc. first line will be sufficient, e. g.: Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERFERAL peritonitis," etc. "Debility" causing death), 23 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephratis, Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train approved by Committee on Nomenclature of the American Medical Association.) .... (name origin ; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, naustion," "Heart failure," "Haemorrhage," FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valrular heart disease; Always qualify all

If this certificate is Loked over thoroughly and a.1 qu tions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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County County Cresides CERTIFICATE OF DEAT	
Village or City Severa Parl. (No. St.: Ward) (If death or	
Village or City (No. St.: Ward) (If death or a hospital or tion, give its stend of st number.)	institu-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Flemale White Write word)  4 COLOR OR RACE 5 SINGLE, MARRIED, Widow (Month) 16 DATE OF DEATH 7. 7. (Month) (Day)	OS.
6 DATE OF BIRTH  Orwary 30 1855 that I last saw her alive on Tes	., 1923
(Year and that doth	, 192 ,
yrs.   de or min.?	
(a) Trade, profession or Jouseurs Monte Intertition Reports	4
b) General nature of industry	***********
which employed or (employer) Cheric Valrular Dergan of 10	Lass
9 BIRTHPLACE (State or country)  (Duration)  yrs	_د
FATHER M) New My (Ochese) (Signed) Lame S. Bellingske	M. D.
11 BIRTHPLACE OF FATHER Z (State or country)  12 CAddress)  *State the Discase Causing l'eath, or, in deather Violent Causes, state (1) Means of Injury and (2) we will be considered to the country of t	from
Accidental, Suicidal or Homicidal.  Accidental, Suicidal or Homicidal.  OF MOTHER Clip & One Bowen 18 LENGTH OF RESIDENCE (For Lospituls, Institution	s, Trans-
ients or Recent Residents)  At place of death yis mos. ds. lin the State yrs man.	osds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?	·····
(Informant) A A A O A Usual residence	
(Address) attur Ruple 19 PLACE OF BURIAL OR REMOVAL DATE OF BU	JRIAL 36
15 Fil 2 2 102 00 ADORESS	
Filed of 7/3 8 192 annua Herry for She Chaft John Us Ballo	ues

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Ilousemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation -- Precise statement of oc-Civil engineer. Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons enfirst line will be sufficient, e g. . Farmer or Planter, OF For many occupations a single word or term on especially in industrial employments, it is neces-Furm laborer, Al without more precise specification as Home, and children, Stetionary freman, et . If the occupation has been changed Laborer--Coal mine, etc. Womnot gainfully em-But in many Day

Statement of Cause of Dearth—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuss. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meni: [itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia". Lohar sneumonia. Branchopneumonia ("Pncumonia").

> telanus) may be stated under the head of "contributory carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poiso.ed by and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A., "PUERPERAL seplicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify :. Il "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by as fracture of skull, and consequences (e.g., selses, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" American Medical Association.) Recommendations on statement of cause of (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature of the for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. valerular heart The contributory " Shock, disease; " dc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH should state 1-PLACE OF DEATH REGISTERED NO. (If death occurred in a hospital or institushoul tion, give its NAME instead of street and number.) statement (Usual place of abode) (If non-resident give city or town and State) Length of residence in city of town where death occurred How long in U. S., if foreign birth? mos. VIS. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANEN 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, EXACTLY. fied. Exact 16 DATE OF DEATH (month, day, and year) or Divorced, (write the word) That I attended deceased from 5a If married, widowed, or divorced HUSBAND of classified. (or) WIFE of 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at ... 7 AGE Months Days If LESS than The CAUSE OF DEATH\* was as follows: 1 day,....hrs. properl cates. or .....min. plnous 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... may (b) General nature of industry. (duration) .....vrs..... business, or establishment in which employed (or employer). CONTRIBUTORY (Secondary) (c) Name of employer supplied hat (duration) 18 Where was disease contracted 9 BIRTHPLACE (city or town) 80 (State or country) if not at place of death?. instructions Did an operation precede death? 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis. (State or country) 12 MAIDEN NAME OF MOTHER mation shoul OF DEATH mportant 13 BIRTHPLACE OF MOTHER (city or town). \*State the Discase Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) (State or country) 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL Informant (Address) 15 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Assn.]

Never return Laboues, "Dealer," etc., without more precise specification, as only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of indicated thus: Farmer (retired, 6 yrs.). For persons EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as Houseetc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who dustry, work and also (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Fireword or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, respective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits can occupation is very important, so that the who have no occupation whatever, write None. has been changed or given up on account of the Dispersons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occurate be taken to report specifically the occupations of fully employed, as At school or At home. Care should Statement of Occupation.for the latter statement; it should be and therefore an additional line Cook, Housemaid, etc. If the occupation -Precise statement of be ıs. relative known. used pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be astion. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, on Nomenclature of the American Medical Associastatement of cause of death approved by Committee sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on amples: Accidental drowning; Struck by railway train cause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; Chronic interstitial nature of the injury, as fracture of skull, and con-Poisoned by For VIOLENT DEATHS state MEANS OF INJURY and quali--accident; Revolver wound of head-hom carbolic acid-probably suicide. etc.), "Dropsy," "Exhausetc.), "Inanition," head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

V. S. No. 1

N. B.

PLACE OF DEATH	0143 STATE OF MARYLAND
County U, G,	CERTIFICATE OF DEATH
( 9 T	Registration Dist. No.
Village or City / 4 / No. 7 auco	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Line &	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terral Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 > (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 9, 1930	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   1 dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. 3 ds. or min.?	M Was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	remaling Buth
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
SBIRTHPLACE (State or country) a. G. Co. Ruf.	Contributory Secondary
10 NAME OF FATHERS line Truckers	(Signed) John W anderson J. P. Reling as Crosses.
0 11 BIRTHPLACE	192 (Address) Climafile With
OF FATHER (State or country) a. G. Co. Nul.  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cra Haus Gry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) ac, 4. Co. Luf.	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) aline Jucky	19 PLACE OF BURIAL OR REMOVAL //DATE OF BURIAL
(Address) N. mas gant	Tank Cent Date of Burial
15 Filed Mu 13 19230 Joseph C. Fyer Men	20 UNDERTAKER ADDRESS
Registrar	alins pueper. Il. Jung and
If more branks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Solesman, should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more process. Laborer, Coal mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Foreman, (b) Automobile foctory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL scpticaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on nephrilis, Chronic valvular heart diseose; affection need not be etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD NLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE !

V. S. No. 1

PLACE OF DEATH	12860 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
Y la lo sub.	Registration Dist. No.
2 FULL NAME Cherter V.	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  A COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6 ~ 14 - 1930  (Month) (Day) (Year)
6 DATE OF BIRTH 1/2 November 64 420	17 I HEREBY CERTIFY, That I attended the deceased from  10 - ( - 130 to 0 - 14 - 1930 that I last saw have alive on 10 - 14 - 1300
7 AGE 10 If LESS than I dayhrs	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Walnutiction + Chineshoe
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de
10 NAME OF FATHER Padeliff Junes	(Signed) Cotty Come M. D.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OF LA Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
OF MOTHER (State or Country) Laborelle, Ma.	At place of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Lalesnile Wy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 18 1926 M. C. Clay MY	20 UNDERTAKER ADDRESS 1, 9. Hardedy Lolerthe
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with espect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease valvular heart disease; etc. The contributory

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S. No.

T.

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Filed

PLACE OF DEATH
County Ame aundel
Village or City New Huyund (No.
2FULL NAME (Rodolp Turner
PERSONAL AND STATISTICAL PARTICULARS
Male Bolovel 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH  Ant knim (Day) (Year)
7 AGE    If LESS than   1 day hrs.   ds. or min.?
(a) Trade, profession or Austry (b) General nature of industry business, or establishment in which employed or (employer) Making Whisking
9 BIRTHPLACE (State or country) Punar Genze Co Mel
10 NAME OF John Turner
OF FATHER (State or country)  12 MAIDEN NAME()
OF MOTHER SULMMU ILAMINAN  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)  (State or Country)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John ager
(Address) Huund

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

101	(Year) 3) ased from
17 I HEREBY CERTIFY, That I attended the decea	sed from
192to	, 192,
that I last saw halive on	192,
n and that death occurred on the date stated above, at	m
. The CAVE OF DEATH * was as follows:	. 4
Explorem of still	
Various (learning)	· · · · · · · · · · · · · · · · · · ·
New Meridia	
(Duration) yrs. mos	ds.
Contributory	
Secondary .	
(Duration) yrsmos.	ds.
(Signed) 1 mus / tun / all 8	M. D.
My 30 192 (Address) Address	()
*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) W	from
Violent Causes, state (1) Means of Injury and (2) W Accidental, Suicidal or Homicidal.	hether
18 LENGTH OF RESIDENCE (For Hospitals, Institution	s, Trans-
ients or Recent Residents)	
At place of death yrs. mos. ds. In the State yrs. mos	sds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL DATE OF BU	IRIAL
mt Talor /7/	, 190
20 UNDERTAKER ADDRESS	
I'M Sallo I Hest Nine	. Mid

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseer, etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (peor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 3 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septienemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart ranner," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. (Recommendations on statement of cause of death as, fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi revilonaeum, etc., Carcinoma, Sorcoma, etc., of name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Meosles; Chronic volvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE	OF	DEATH

Anne Arundel County.



CERTIFICATE OF DEATH

1					Registration I	Dist. No. 2I
Villa		Curtis C		St:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	AL AND STATIST	CAL PARTICULARS	MEDICAL CER	TIFICATE C	OF DEATH
3 SE	ale	4 COLOR OR RACE	MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	ıknown	, 192
6 DATE OF BIRTH  unknown (apparently newborn)			192	Y, That 1 atte	ended the deceased from	
7 AG	E	(Month)	(Day) (Year)    HELES than   I day		ne date stated	above, atm.
bus wh	siness, or es nich employe RTHPLACE			Contributory Secondary		dsds.
	(State or country) unknown 10 NAME OF			(Signed) Duration yrs mos ds,		
ENTS	OF FATHE	FATHER #  BIRTHPLACE #  OF FATHER (State or country)  MAIDEN NAME #  OF MOTHER #  DEBIRTHPLACE #  OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.		
PAR	OF MOTH			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.		
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted, if not at place of death?  Former or usual residence.			
		ess)		19 PLACE OF BURIAL OR REF	AOVAL	6-15 , 19 30
15 P	filed J1	ine 159230	Registrar	20 UNDERTAKER		ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING MARGIN RESERVED FOR INLY, WITH UNFADING INK--THIS IS

V. S. No. 1

N. B.

The desomposed body of an unknown white male baby over I at 2 days old, with the umbilical cord still outling in Gitis Creek. Evidently it was thrown the Curtis Bridge. The body was nude, and appeared water three or four days. water appeared baby, apparently not still a ached, was rown in the river fi Ha.ve he river fr from found the

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	USSOL STATE OF MARYLAND		
County Anna boundel	CERTIFICATE OF DEATH		
	Registration Dist. No. 23		
Village or City lentheum Robert	St.: Ward) (If death occurred a hospital or instit		
	tion, give its NAME i		
2FULL NAME CONCOSO	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
MARRIED MONTO OR DIVORCED (Write the word)	alaux Month Libay Milyan		
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased fro		
Uninow, 1			
(Month) (Day) (Year)	that I last saw halive on, 192		
7 AGE			
Houtyrs Joymos, de or min,	2		
OCCUPATION	In Cata Patines River		
(a) Trade, profession or particular kind of work	Corres Casi		
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duretion)yrsmos		
9 BIRTHPLACE /	Contributory Secondary		
(State or country)	(Durstion) VIS. MOS.		
10 NAME OF FATHER	(Signed) Darry 6. Milvin M.		
Untenown	actory coroner		
U II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from		
Z (State or country) (MCnow)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of Mother Conton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)		
13 BIRTHPLACE OF MOTHER	At place In the		
(State or Country) My drow	of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
	Former or usual residence		
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	Holy Gos Comety Ufrit 14, 193.		
Filed / Spr 1920 While Register	20 UNDERTAKER ADDRESS		
If more bianks are needed, address State Redistri	ar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

#### 03951 STATE OF MARYLAND

St:	Ward)		occurred in or institu- ts NAME i street and
MEDICAL CERTIF	ICATE O	F DEATH	
ALSEY OF DEATH LAKEN  17 I HEREBY CERTIFY, T	hat I atter		
that I last saw halive on			, 192,
and that death occurred on the da		bove, at	m.
The CAUSE OF DEATH * was as for	ollows:	lows	
Chros	100		
(Duret	ion)	_vrsn	nosds.
Contributory Secondary  (Durs			20848.
(Signed) James 192 (Address)	16.	Mall cting &	M.D.
*State the Disease Causin Violent Causes, state (1) Mea Accidental, Suicidal or Homicidal.	-		
18 LENGTH OF RESIDENCE (For	r Hospita	ls, Institut	ions, Trans-
At place of deathyrsmosds.	In the State	yrs	ds.
Where was disesse contracted, if not at place of dea.h?	***************************************	-	
Former or usual residence			*********
Holy Cross Comes	AL C	Harl 1	BURIAL 14, 1930
20 UNDERTAKER		ADDRESS	

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. affection need valvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	02580 STATE OF MARYLAND CERTIFICATE OF DEATH
County County C.	Registration Dist. No. 2
Village or City Cosedina No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME / SOUMON . M	Multi-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Who were (Write the word)	16 DATE OF DEATH (Month), 1920 (Year)
6 DATE OF BIRTH  May  (Month)  (Day)  Year	17 I HEREBY CERTIFY, That I attended the deceased from account of the same of
7 AGE    If LESS than     day hrs.   or min.	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER PACY & UNIX	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Address)  (Address)
VI 11 BIRTHPLACE OF FATHER (State or country)  12 MOIDEN NAME 12 MOIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME  OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) As Perus L. Must.  (Address) Association Registry)	If not at place of deah?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS
If more banks are needed, addre.s tate Kegistra	, 16 W. Saratoga S. Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more, Laborer—Coal minc, etc. laborer, Form laborer, Laborer—Coal minc, etc. Never return "Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. whatever, write None. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

(secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid "E:haustion," "Heart failure, "Inamition," "Marasmus," "Old Age," "Shook," use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

N. B.--

PLACE OF DEATH	02581 STATE OF MARYLAND
County A. A. To.	CERTIFICATE OF DEATH
M. ST.	Registration Dist. No.
Village or City Sull / LVallino 2  2FULL NAME OUN IL	Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
TOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920, to 1920 that I last saw h 4 alive on 1920
7 AGE If LESS than	and that death occurred on the date stated above, at 230 m.
\$\int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Hypstates Plenson
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)dsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration yes 3 mos ds.
10 NAME OF FATHER SANGELLIA	(Signed) Machania M. D.
M 11 BIRTHPLACE OF FATHER	[92]—(Address)
Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
I IIX ()	Former or usual residence
(Informant) TOWN My	19 PLACE OF BURIAL OR BENOVAL VI DATE OF BURIAL
(Address) fell bell	Jedus Hellenchow Mar. 6. 1930
15 Filed 3/6 198 & Chas IV Brook	ADDRESS ADDRESS
Registra	Harasch Thyma 14xx higher By
If more branks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., William - Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISTEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary Whooping cough; inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, or intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) materia Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. valvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

st.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)		
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH Q Q			
(Month) (Day)			
17 1 HEREBY CERTIFY, That I attended the deceased from			
192 to	, 192,		
that I last saw halive on	, 192,		
and that death occurred on the date stated	above, atm.		
The CAUSE OF DEATH * was as follows:			
12	0 = 0 = 0 = 0 = 0 + 0 = 0 = 0 = 0 = 0 =		
Hell for	000000000000000000000000000000000000000		
704,	.^~~~~~		
(Quration) (L)	yrs. mos. ds.		
Ouration)	4, 1		
Contributory Secondary			
(Duration)			
(Signed) I all ander	M. D.		
*State the lisease Causing Heath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of deathyrsmosds. Sta	teyrsmosds.		
Where was disease contracted, if not at place of dea.h?	***************************************		
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
THE THE PARTY OF THE PARTY.	, 19		
20 UNDERTAKER	ADDRESS		

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(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Vertired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enguged in domestic service for wages, as Servant Cook ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coul mine, etc. Wom-Locomotive engineer, (3) Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the etc. The Measles;

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	PLACE OF DEATH COUNTY CHILL CHILD	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Brooklyn Park (No. 11 - Que	Ward)  Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED LUGGLE (Write WAR)	16 DATE OF DEATH  (Menth) (Day) (Year)
	6 DATE OF BIRTH Leb. 19 , 1930 (Month) (Day) (Year)	that I last sew halive on 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923 . 1923
	7 AGE   If LESS than	and that death occured on the date stated above, atm.
	dayhrs.   day.	The CAUSE OF DEATH * wes as follows:
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Probably Start where  (Duration) yrs. mos. ds.
	9 BIRTHPLACE (State Gorgountry)  We we Marshall Pd.  10 NAME OF Sep. Work of Sep.	Contributory Secondary  Ourstion)  (Signed)  (Signed)  Ourstion)  Ourstion  Ourst
	OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  14 A A A A A A A A A A A A A A A A A A A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Salto. Nud.	ients or Recent Residents)  At place In the of death yrs
	(Informant) Seo. Wakefield	if not at place of death?  Former or usual readence.
	(Address) / - ave in Marshall Rd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 22., 193.0
	Filed Feb 22 1930 Caldwell Wording Registrary	20 UNDESTANET Cully 130 6. For
	If more blanks are needed, address Stete Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomobice engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, (a) Poreman, Housemand, etc. If the occupation has been changed report specifically the occupations of persons enets., Without more, Laborer—Coal mine, etc. Wom- (b) Cottan mill; (a) Salesman, (b) Gracery;
 man, (b) Automobile factory. The material who are engaged in the duties of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"; Lober pacinonia, Broachopneumonia ("Pneumonia,");

"Inanition," "Marasurus,
"Ursemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Janus," "Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) inges, perilonacum, etc., Carcinomu, Sarconu, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis." etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. Whooping Examples: Accidental drowning; Struck by railway train-American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease affection need not be etc. The contributory valeular Nomenclature of the heart "Dropsy, Measles; discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD INLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE V. S. No. 1

PLACE OF BEATH	CERTIFICATE OF DEATH
County, 4.	Registration Dist. No.
Village or City Classes of Slis (No. 178 Ch	estrut St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in the street and of street and the street
2FULL NAME Thomas Jam	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Will White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6-10-1930 132  (Month) 10 7 (Day) 123 O(Year)
6 DATE OF BIRTH March 15th, 1858	3-81-30 192 to 6-10-30192
(Month) (Day) (Year)	thet I last sew hat alive on 2, 192
72 yrs. 2 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Certenoschrosie
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Unsepoli 440	Contributory Secondary Duration yis mosds
10 NAME OF FATHER Plukeum	(Signed) (Address) & S. Calgart St.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  Muleum	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Unlike The Country of	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Noulul Walker	usual residence
(Address) 178 Cheshut 444	Brevol Hell Cent June 13, 1030
File France 12 1923 D france C. france 20	John Uy. Vay le andress
If more blanks are needed, address State Registra	ar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Civil engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

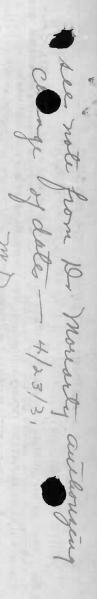
Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shook," "Old Age," "Shook," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory affection need not be

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-utic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Mcasles (disease approved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoniu, Sarconia,, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the or intercurrent) affection etc. The contributory valvular heart disease; need not be

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ficate.	Village or City Ame Thomas C	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CUPATION is very important, See instructions on back of certifi	PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WIDOWED WIDOWEGED (Write the word)  6 DATE OF BIRTH   10 Month  11 Married (Month)  12 Married (Month)  13 BIRTHPLACE OF MOTHER  14 COLOR OR RACE SINGLE. MARRIED WIDOWEGED (Write the word)  16 MARRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  16 MARRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  16 LESS than 1 day hrs. or min.?  16 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 COLOR OR RACE MIRRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  16 LESS than 1 day hrs. or min.?  26 Color  (State or country)  MARRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  16 LESS than 1 day hrs. or min.?  27 Color  18 SIRTHPLACE OF FATHER (State or country)  19 MARRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  16 LESS than 1 day hrs. or min.?  27 Color  18 SIRTHPLACE OF FATHER (State or country)  19 MARRIED WIDOWEGED (Write the word)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Write the word)  (Month)  (Day)  (Year)  (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17
statement of OC	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  The State of Country  (Address)	of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Out 27, 19  20 UNDERTAKER  Hoppins  ADDRESS  ADDRESS  ADDRESS  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvature nephrilis, etc. The contributory

answered in detail, it will prevent further correspondence. All the permanently filed. If this certificate is looked over thoroughly and all qu stions

7. S. No. 1

PLACE OF DEATH	12154 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
	Registration Dist. No. 21
a Classed holes O	2 -7/
Village or City (Mnafotto)(No.	St: Ward) (If death occurred in a hospital or inetitu-
Was Oscarios 1	tion, give ite NAME in- etend of street and
2FOLL NAME Mrs. marlone.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE, MARRIED, MARRIED	16 DATE OF DEATH
WIDOWED OR DIVORCED	act. 12, 1980
(Write the word)	[Month] (Day) (Year)
6 DATE OF BIRTH	Time 1034 . Or 17
5 June 3 1893	O at
(Month) (Day) (Year	that I last sew h & aliva on Oll 12 186,
7 AGE   If LESS tha	and that death occured on the data stated abova, at
33 4 9 I dayhr	
yrs ds. ormin.	Myocardial Ansuffience
(a) Trade, profession or	Wenka .
particular kind of work from which will be particular kind of work from the particular kind of work	
business, or establishment in	mys havath 3.
which employed or (employer)	(Deration) yra j pro 3 do.
9 BIRTHPLACE (State or country)	Secondary Secondary
Newfor alemon	Duration) yreg # mos de
10 NAME OF FATHER	(Signed) J. Willia Martin M. D.
John 1. Lamm	10/131980 (Address) Amapolis MI
OF FATHER	
C (State or country) Canada  12 MAIDEN NAME	**tate the Discase Causing Death, in deaths from Violent Caus: s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal,
OF MOTHER A C. C. 2(2-06)	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-
13 BIRTHPLACE	lents or Recent Residents)
OF MOTHER A C C. C.	At place In the of death yrs mos ds. State yrs ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informent) Frank B. Walsh	usual residence.
1 -1 1- 000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) amajolio (M)	Noval Country Oct 15,030
15 - 6xx14 - 2 2 2	20 UNDERTAKER ADDRESS
Filed 1930 Filed C - Can	Hopping amolow
If more blanks are needed, address State Registrs	ar. 16 W. Saratoga St., Balte, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, o. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a , etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm loborer, without more precise specification as specifically the occupations of For persons who have no occupation Stationary firemon, etc. But in many Laborer-Coal mine, etc. Wom-(b) Grocery; persons enmaterial engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "yphoid fever (never report "Typhoid Pneumonia"; "obar pneumonia". Bronchopneumonia ("Pneumonia")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart Ianue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); . . . . . (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Corcinoma, Sarcoma,, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver would of head-homivide; Poisoned by or as probably such, if impossible to determine definitely (secondary Whoo ping as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) approved Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstatial nephritis, by cough; To Committee on Nomenclature intercurrent) affection need Chronic etc. The contributory valendar heart disease; Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe dita is essential and must be obtained before the certificate is permanently filed.

1 <sub>PLACE</sub>	OF	DEATH
unty	A.	Α.

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Hopping

### STATE OF MARYLAND

County	A. A.	***************************************		CERT	IFICATE	OF DEATH
				101 a	legistration	Dist. No. 24
	ull name Jose		nce. Wa	St.:	Ward)	tion, give its NAME in-
PERSO	ONAL AND STATISTI	CAL PARTICU	LARS	MEDICAL CER	TIFICATE (	OF DEATH
3 sex Male	White	5 SINGLE, MARRIED. MA WIDOWED. OR DIVORCED (Write the word)	rried	16 DATE OF DEATH	1	(Day) (Year)
6 DATE OF B	Jan (Month)		, <u>1875</u> (Year)	17 I HEREBY CERTIFY	O. to Ch	ended the deceased from
7 AGE	55 <sub>yrs.</sub> 3 r	nos. 21 ds.	If LESS than I day hrs. or min.?	and that death occurred on th The CAUSE OF DEATH * was	as follows:	above, at 12 \$\frac{1}{2} A m.
particular k (b) General business, or	profession or ind of work Clonature of industry establishment in oyed or (employer)			Contributory Secondary	* * * * * * * * * * * * * * * * * * *	
10	PLACE THER or country) St Maj	Walton,	d.	(Signed) Waller H. (Address Violent Causes, state (1) Accidental, Suicidal or Homicid	using Death, Means of In	or, fit deaths from jury and (2) Whether
OF MO	THER JULIA.	B Kent,		18 LENGTH OF RESIDENCE ients or Recent Residents) At place of death	(For Hospit	
(Informa	nt) James A.  Idress) Annapol	Walton,	DGE	if not at place of death?  Former or usual residence		DATE OF BURIAL C 25 1930 19
15 Filed O	hul 24/9230 fr	y6 c. fr	Registrar	B I. Honning	Annano	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, yrs). (b) Cotton - mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

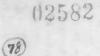
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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION Is very important. See instructions on back of certificate.	j
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PLACE OF DEATH

County\_ Anne Arundel

2FULL NAME



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

illage or	City	Grownsvill	e (No. ate	Hospital	
-----------	------	------------	------------	----------	--

Ella Ward

St:\_\_\_\_Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
s sex Female	black	MARRIED, WIDOWED. OR DIVORCED (Write the word)	16	16 DATE OF DEATH  March 22nd, 192.30  (Month) (Day) (Year)
6 DATE OF BIF	и Unkn own		,871	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 25 1925 to March 22 , 19230
	(Month	) (Day)	(Year)	that I last saw her alive on March 22 , 19230
7 AGE	59 yrs. un	**	If LESS than I dayhrs. ormin.?	
(a) Trade, properticular kir	rofession or HO ad of work HO	usework		Z-language
business, or e	establishment in yed or (employer)	Domestic		Contributory DD CDSV
9 BIRTHPLACE (State or co		ia		Secondary Secondary yrs mos.
10 NAME C		known		(Signed) Mar 30 (Address Crowns ville, Md
OF FATH	190 200 ()	wn		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN		nown		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
13 BIRTHP OF MOT		nown		At place 4 yrs 5 mos 27 ds. In the State Ulyrs 10 migs d
	Hospital		DGE	Where was disease contracted, if not at place of deah?
(Informant)	(4)	ville, Mar	Jland ,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/24, 19
Filed 2	3 1920	820 pm	Registrar X	20 UN DERTAKER ADDRESS Waterbuy
	If more blanks are	needed, address it	ate Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

Village or City Odenlon (No	Registration Dist. No.  St.: Ward)  (If death occurre a hospital or instition, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH March 11, 1930  (Month) (Day) (Year
6 DATE OF BIRTH  September 8 , 1876  (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased f
7 AGE    If LESS the   I day h   or min	rs. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer)	(Duration) yrs. mos.//
(State or country) maryland	Secondary (Duration) 778 mos.
10 NAME OF FATHER Hranis Bell  11 BIRTHPLACE	Secondary  (Duration)  (Signed)  (Signed)  (Address)
10 NAME OF FATHER Hranis Pell  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
10 NAME OF FATHER Hranis Bell  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place In the
10 NAME OF FATHER Francis Bell  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  (State or Country)	Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from ehildbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Example: Measles (disease etc. valvular Nomenclature The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

4. S. No. 1

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	should be carefully supplied ACE should be stated EXACTLY, PHYSI-SE OF DEATH in plain terms so that it may be properly classified. Exact	
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ITH UNFADING INKTHIS IS A PERMANENT ECORD	state	N is very important. See instructions on back of certificate.
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	County Anne Arundel	© CERTIFICATI	OF DEATH
•		Registration	Dist. No. 23
	Village or City////////////////////////////////////	Amapoust 12 Wardield	<ol> <li>(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)</li> </ol>
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWEED OR DIVORCED (Write the word)	16 DATE OF DEATH ZA Jay (Month)	(Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
	(Month) (Day) (Year)	that I last saw halive on	
	7.AGE [If LESS than	and that death occured on the date stated	above, atm.
	J dayhrs. hsds. ormin.?	The CAUSE OF DEATH * was as follows:	
-	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Incomplate al	eartion yrs mas de
	9 BIRTHPLACE (State or country)  10 NAME OF FATHER STANSKY E Warfield  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	(Signed) Wall Wall (Address Little the Discase Causing Dark	yrs mos ds.  M. D.  Or, jn death from
	Z (State or coval) Hyundus 1140  12 MAIDEN NAME OF MOTHER CELEGRAPHO 1500  13 BIRTHPLACE	Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	(2) Whether
	OF MOTHER (State or column of the City )	Where was disease contracted,	teyrsds.
	(Informant Louis Handerson Marfield	if not at place of death?	DATE OF BURIAL
	(Address) Leinthieum Hgt Ml,	Quissition	, 19
	Filed 2554 1923 Calbrell Wood ruff	20 UNDERSTAKER FORMULES	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wam-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Forcman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material Compositor, For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); obar pneumonia. Bronchapneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarconu., etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsit, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valendar heart disease; The contributory

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County Anne Arunde	(13953	STATE OF CERTIFICATE Registration	E OF DEATH
Village or City Jinthicum Heighton - John -	Warner	St.: Ward	(If death occurred in a hospital cr institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
S SEX A COLOR OR RACE SINGLE, MARRIED MATTIES  White Widowed. OR DIVORCED (Write the word)  6 DATE OF BIRTH  3/- May (Month) (Day) (Year)	16 DATE OF DEATH  17 I HEREBY  15 MAN  that I last saw how	(Mynth)  EERTIFY, That I at 1920, to 3	7 - 5
7 AGE  62 yrs. 10 mos. 25 ds or min.?	and that death occur The CAUSE OF DEAT	od on the date stated  (H * was as follows:	estimate the second
(a) Trade, profession or Minister of Gospelaticular kind of work Minister of Gospelaticular kind of work Minister of Gospelaticular kind of work Minister of Gospelaticular kind of Gospelaticular which employed or (employer)	(Conformer		yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER CHARLES FROME! Harner 11 BIRTHPLACE OF FATHER 2 (State or country) Ayr, Mass- 12 Maiden NAME	(Signed)	(Duration)	m.D
OF MOTHER OSCIPLIA TO THE BEST OF MY KNOWLEDGE	ients or Recent Re At place of deathyrs	sidents) In th cosds. Sta	eteyrsnosds.
(Address) Lin Bicum Height 5 Md  Filed 27 hjr 1930 Juhul West Left Registrary	Loudon Pa Loudon Pa Loudon Pa Loudon Pa Loudon Pa Loudon Pa Loudon Pa	or REMOVAL  rk  tyffler, I mc.	Optil 28, 1920 ADDRESS 1256. North Ance
If more blanks are needed, address State Registran	16 W. Saratora St., I	Satto., Requesting V.	S. No. 1. Walle

(Approved by U. S. Census and American Public Health Association.)

er," etc., William ... Laborer ... Laborer ... Laborer ... Laborer ... tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serund, Cook, work, or At Home, and children, not gainfully con-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Coul mine, etc. Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); whar pneumonia. Bronchopneumonia ("Pneumonia.")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shoek," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meusles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., separas, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory. Examples: Accidental drowning; Struck by railway brain-American Medical Association.) "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmcumonia (secondary), or intercurrent) affection need not be cough; Chronic etc. The contributory ratrular Nomenclature " "Convulsions, hcart. disease; Measles ;

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S. No. 1 0

PLACE OF DEATH	STATE OF MARYLAND
County China aundes	CERTIFICATE OF DEATH
0/	Registration Dist. No.
Village or City Ansarans (No.	St: Ward) (If death occurred in a hospital or institu-
	tion, give its NAME in -
2FULL NAME Amount	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWED. OR DIVORCED of Write the world)	16 DATE OF DEATH 192 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Months) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than I day	and that death occurred on the date stated above, at
mos de. or min.?	
a) Trade, profession or	10m
particular kind of work  (b) General nature of industry	faux
business, or establishment in	(Duration) yrs
which employed or (employer)	Contributory
(State or country) Mars. Assauled Co	(Duration)de.
10 NAME OF FATHER	(Signed) Me fllagande M. D.
11 BIRTHPLACE	71, 192 (Addross) Lave Berne 5
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Pauler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	Where are disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) She Cleuren	usual residence
(Address) Hannes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/12. 19.30
15 Filed 2/11 19235 Janual Deregge	20 UNDERTAKER ADDRESS 2/13/30
if more banks are needed, address Ltate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. Shormery
	hre

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekcepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, ,,, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosylinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Macasles;

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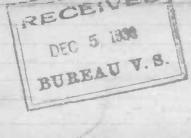
[Approved by U. S. Census and American Public Health Assn.]

Day man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of persons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupat etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who "Dealer," etc., without more precise specification, word or term on the first line will be sufficient, e. g., respective of age. For many occupations a single healthfulness of various pursuits can occupation is very important, so that the EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be has been changed or given up on account of the DISbe taken to report specifically the occupations of wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should receive a definite salary) may be entered as House-Foreman, (b) Automobile factory. The material worked on may form part of the second statement. vided for the latter statement; it should be work and also (b) the nature of the business or in-Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, The question applies to each and every person, irwho have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Laborer, Farm Laborer, Laborer Coal Mine, and therefore an additional line is Cook, Housemaid, etc. If the occupation "Laborer," "Foreman," "Manager," be known. relative used proas

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State on Nomenclature of the American Medical Associastatement of cause of death approved by Committee amples: Accidental drowning; Struck by railway train fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Excause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; For VIOLENT DEATHS state MEANS OF INJURY and quali-Chronic interstitial

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



						HINGTON.
	PERSO	NAL A	ND STATI			ULARS
s s	MALE		NEGRO	WIE	RRIED, DOWED, DIVORCE ite the wor	SINGLE
5 D	ATE OF BII	RTH				
7 A	C.F.	Non	vember-	Twen	(Day)	(Year)
^	21	.,,,,	yrs.	mos.	ð d	If LESS than I day hrs s. or min.
pa	) Trade, pi irticular kir	nd of w	ork	L	abore	P 2
bu	) General rusiness, or e hich employ IRTHPLACE (State or co	establish yed or (e	f industry			
bu	isiness, or e hich employ IRTHPLACE (State or co	establish yed or (e E Duntry)	f industry ment in mployer)			
bu wl	isiness, or of hich employ in the employ in the control of the employ in the control of the employ in the employ i	establish yed or (e  puntry)  DF	f industry ment in mployer)  Marylar  Prof		<i>v</i>	
bu	isiness, or of hich employ in the employ in the control of the employ in the control of the employ in the employ i	establish yed or (e  E  DF  LAGE HER or country	f industry ment in mployer)  Marylar  Prof		N.	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Correction Ward)

(If death occurred in a hospital or institu-tion, give its NAME it.-stead of street and number.) MEDICAL CERTIFICATE OF DEATH

November 24- 1930 192
November (Month) 24 (Day) 1930(Year)
I HEREBY CERTIFY, That I attended the deceased from April 21-1930 92 to Nov . 23-1930 192
that I last saw him alive on Nov. 23 - 193092 ,
and that death occurred on the date stated above, at 6:30 AMm. The CAUSE OF DEATH * was as follows:
Pulmonary Tuberculosis.
(Duration) yrs. 7 mos
Contributory Tubercular cervical Secondary Adenitis
(Signed) Willia W. Dauele M. D.
MN 24 18 (Address) by Horis anesling
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs. 7 mos. 3 ds. In the State 21 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or #643 Lafayette Ave, Balto.
DATE OF BURIAL OR REMOVAL DATE OF BURIAL Ser 26 , 1980
20 UN DERTAKER ADDRESS

If more hianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, whatever, write None. etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited, unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; " "Marasmus," "Old Age," "Shock," Carcinoma, Sarcoma, etc., of chopneumonia (secondary) ," "Coma," "Convulsions, etc. The contributory

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--Every item crinformation should be carefully supplied. ACE chould be stand EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECOR AINLY, WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE V 3 No. 1 E

PLACE OF DEATH Courber 18	STATE OF MARYLAND CERTIFICATE OF DEATH
1 11 1 0	Registration Dist. No.
Village or City mapolis (No. Omero	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Quy. 23, 1980
6 DATE OF BIRTH	17 (Month) (Day) (Year)
*	lug 10 1980 to aug. 23, 1980,
(Month) (Day) (Year)	that I last saw h musalive on ang. 27, 1950,
about 75 mes de l'ItLESS that	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.  a occupation (a) Trade, profession or particular kind of work	Genslity.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Mussiani p.ds.
9 BIRTHPLACE (State or country)	Contributory Legeral arlers scheros
10 NAME OF FATHER	(Signed) 9. Willis Martin M. D.
M 11 BIRTHPLACE	122 (Address) annapolis mo.
OF FATHER (State or country) 12 MalDEN NAME	Violent Causes, state (1) Means of lighty and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trung-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Mylanaru
Unformant mergency Hospital	Former or usual residence Muhananu
(1)(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Aug. 23, 19.3.
15 Filedery 23 1923 D fray 6 8. fra a 7	Thanks & Hiefs Amapolise
If more b.anks are needed, address Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. I.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cich and every person, irrespective cf whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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MARGIN RESERVED	WRITE INLY, WITH UNFADING INKTHIS	ery item of information should be earefully supplied
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	8	PEV

	PLACE	OF DEATH			01349	STATE OF	MARYLAND
County Anne Arundel				CERTIFICATE OF DEATH Registration Dist. No.		TE OF DEATH	
Village or City Crownsvine State Hos			a hospital or inst tion, give its NAME				
	PERSON	AL AND STATIS	TICAL PARTICU	JLARS	MEDIO	CAL CERTIFICAT	E OF DEATH
	emale	black	MARRIED, MA WIDOWED. OR DIVORCED (Write the word			ebruary 20t	h , 19230 (Year)
6 0	DATE OF BIR	тн Unkr (Mont		, 1 869	June 3rd	Y CERTIFY, That I	attended the deceased from bruary 20, 192 ( uary 20, 192 )
8 0	OCCUPATION a) Trade, pro	61 yrs. unl	iknown	If LESS than I day hrs. or min.?	The CAUSE OF DEA	rred on the date sta TH * was as follows: Hemorrhage	ted above, at 1:10P n
(l	o) General na	ature of industry	**************************************	******************		0000 <del>00000</del> 000000000000000000000000000	***************************************
WAT		etablishment in			000000000000000000000000000000000000000	(Duration)	15minutes
		ed or (employer)	own	***************************************	Contributory		
	hich employe	ed or (employer) untry) Unkno			Secondary (Signal)	erebral Art	eriosclerosis 10 % mos. de
	thich employed IRTHPLACE (State or country of FATHER IS BIRTHPLACE (State or	or (employer) Unkno	own		Socondary (Signal) Fe b 20 192	arebral Art	eriosclerosis  10 % mos de
S E	hich employed IRTHPLACE (State or country of FATHER 11 BIRTHPLACE (State or 12 MAIDEN OF MOTH	untry)  Unknown  Tunknown  ACE  ER  COUNTRY)  Unknown  ACE  LER  Unknown  LER  Unknown  Unkno	own		(Signed) Feb. 20 192  *State the I Violent Causes, s Accidental, Suicidal	Durson)  O(Address) Crown  Disease Causing Dea tate (1) Means of or Homicidal.  ESIDENCE (For Homicidal)	eriosclerosis 10 % mos. d
ARENTS	thich employed (State or country of FATHER State or COUNTRY OF FATHER (State or 12 MAIDEN	ord or (employer)  Intry)  Unknown  F  Unknown  ACE  ER  Country)  Unknown  ACE  ER  Unknown  ACE  ER  Unknown  ACE  ER  Unknown	own own		Secondary  (Signed)  Fe b 20 192  *State the I Violent Causes, s Accidental, Suicidal  18 LENGTH OF RI ients or Recent R  At place 5 yrs 8  Where was disease con	Durson)  30 (Address) Crown Disease Causing Dea tate (1) Means of or Homicidal.  SIDENCE (For Homicidal.  In tracted.	oriosclerosis  mos.  M.  Mayille, Md  th, or, in deaths from Injury and (2) Whether
PARENTS	INTHPLACE (State or could be state or could be s	ord or (employer)  Intry)  Unknown  F  Unknown  ACE  ER  Country)  Unknown  ACE  ER  Unknown  ACE  FR  Country)	own own own own top my knowl Records	·	Secondary  (Signed)  Fe b 20 192  *State the I Violent Causes, s Accidental, Suicidal  18 LENGTH OF RI ients or Recent R	Disease Causing Dea of or Homicidal.  CSIDENCE (For Homesidents)  In tracted, and a supplementation of the supplem	mos.  10 mos.  10 M.  10 M.  11 M.  11 M.  11 M.  12 M.  13 M.  14 M.  15 M.  16 M.  17 M.  18 M.  18 M.  19 M.  19 M.  10 M.  10 Whether  10 M.  11 M.  12 M.  13 M.  14 M.  15 M.  16 M.  17 M.  17 M.  18 M.  18 M.  19 M.  10 M.  10 M.  11 M.  11 M.  12 M.  13 M.  14 M.  15 M.  16 M.  17 M.  17 M.  17 M.  18 M.  18 M.  19 M.  10 M.  10 M.  11 M.  11 M.  12 M.  13 M.  14 M.  15 M.  16 M.  17 M.  17 M.  18

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PERMANENT BINDING IS A MARGIN RESERVED FOR ANLY, WITH UNFADING INK--THIS

V. S. No. 1

d. Exact	PLACE
stated EXACTLY, properly classified of certificate.	Village or City
HI S	2FU
ope	PERSO
e pr	3 SEX
ay b	Female
t mo	6 DATE OF BIR
E E	
so the	7 AGE
item of information should be carefuily supplied. ACE should be should state CAUSE CF DEATH in plain terms so that it may be nent of OCCUPATION is very important. See instructions on back or	B OCCUPATION (a) Trade, pr particular kin (b) General n business, or e which employ  9 BIRTHPLACE (State or co
	(Informant
N. BEvery CIAN State	Filed Sy
arried by	

PLACE OF DEATH  County A.A.		10116	STATE OF M CERTIFICATE Registration I		
Village or City Winchester (No			3	St:Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PE	RSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
Female White Single, Married OR DIVORCED (Write the word)		16 DATE OF DEATH	Dey hunte	13, 1950	
e date of Birth  March 15 , 1892 (West)		that I last saw h		(Day) (Year) (Ye	
7 AGE    Social Particular kind of work   Boundary			and that death occur The CAUSE OF DEAT	red on the date stated 'H * was as follows:	above, at A m.
			Contributory A	(Duration)	Piveral Rouse Go.
S TI BII	THER Clarence RTHPLACE FATHER State or country)  Mary	M. Kemp		2 (Address) Quest, as as Causing Death, at (1) Means of Inj	polis Md.
13 BI OF (5	of Mother Alice Roby  13 BIRTHPLACE OF MOTHER (State or Country) Maryland		IB LENGTH OF RESients or Recent Resolved to the state of death where wes disease contribution of the state of deed to the state of deed to the state of the state	osds. In the State	als, Institutions, Trans-
(Informant) Albert Everett Waters  (Address) Winchester A.A.Co. Md  Filed Land 14 1930 Jong Le. Jong Registrar			Former or usuel residence	OR REMOVAL	DATE OF BURIAL Sept. 15,930
			John M. To		Annapolis Md.
	If more bianks are	nsedsd, address State Registrar	, 16 W. Saratoga St., I	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH	07657 STATE OF MARYLAND
County (	CERTIFICATE OF DEATH
( ) ( ) N	Registration Dist. No.
Village or City (Ismapolis (No. 3 Late 2)	Talkens St.: 2 Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUAL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 38 , 19830 (Month) (Day) (Year)
(Month) (Day) (Year)	I HEREBY CERTIFY, That Pattended the deceased from 1923 d. to 1923 d., 1923
7 AGE  82 yrs. 10 mos. 28 ds. or min.	
(a) Trade, profession or particular kind of work	Cerebral frumbage
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor Classes mos. de.
(State or country) June Leong Co. Md.	Secondary (Durstion) 4 yrs mos ds,
10 NAME OF FATHER Benjamin C. Heward	(Signed) Frey 6 C. Frey G. M. D. M.
S Z OF FATHER (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAKE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Muknown	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Jumes N. Valkins (Address) Compated Md'	19 PLACE OF BURIAL OR REMOVAL  At Change Ceast July 30 1930
File gett 29 1923 of sy L C. & Registrar	20 UNDERTAKER Jayler Christophers
If more blanks are needed, address State Registra	w, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

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> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart Example: Measles (disease etc. The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07658 STATE OF MARYLAND
County W. Co	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City 1 2 and Con Tana.	76.1 - 1
	a hospital or institu-
2FULL NAME M 3 cotres	Wattous) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Tomal OR DIVORCED (Write the word)	July 4 , 193
8 DATE OF BIRTH	(Month) (Day) (Year)
Juno 9 1010	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
11 yrs. 0 mos. 2 4 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	A server the Decrees
(a) Trade, profession or particular kind of work	your your your
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Dalting mcc.	(Durstign) yrs mos ds.
FATHER CO. A. D. Jath	(Signed Xarian M ) & plan Holy Grange
M II BIRTHPLACE	July 7 1980 (Address) Amopolical
State or country)	*State the I isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Citella Baber	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrs,mos,ds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
The Association of the session of th	Former or
(Informant) Act Watherns	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Tour head cont July 8. 1936
15 0 0 5 3 9 6 2 7	PONNOERTAKER PPRESS A
Filed 19230 7 G Registras	Long E Vices & Grand mass
If more b.anks are needed, addre.s tate Nagistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many age. For many occupations a single word or term on tion applies to each and every person, irrespective cf whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefere an Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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male

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or Country)

(Informant)

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF

a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in

which employed or (employer)

1 <sub>PLACE</sub>	OF	DEATH	
County Ar			
lage or Cit	v C	rowns	

<sup>2</sup>FULL NAME

PERSONAL AND STATISTICAL

4 COLOR OR RACE

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### 2155

### STATE OF MARYLAND CERTIFICATE OF DEATH

(31)

Registration Dist. No.

	<u> John Watson</u>	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
L AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
bleck	5 SINGLE, SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH October 27th , 19230		
Unkno wn (Month) yrs. unk	(Day), (Year)  [If LESS than 1 day			
ssion or of work re of industry olishment in or (employer)		(Duration) yrs. mos ds.		
	siana nown	(Signature Secondary Duriting Lands Ass. (Signature Signature Secondary Ass. M. D. Oct. 27 )9230 (Address) Crownsville, Md.		
untry) Unk	nown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	no wn	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
	nown	At place 7 yrs. 4 mos. 14s. In the State. Unik no was. ds. Where was disease contracted,		
Hospital R	ecords  Ale Faryland	if not at place of death?  Former or Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER.  ADDRESS		
1900 Registrar D. C. Winleyde Suff Walesburg  If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. My				

of information Every item of inform CIANS should state statement of OCCUP/ 00 ż

No. vî

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, yrs). (b) Cotton mill; (a) Salesmon. without more precise specification as Day specifically the occupations of For persons (b) Automobile factory. The material Loborer-Coal mine, etc. Womwho have no occupation not gainfully em-(b) persons en-Grocery;

Statement of Cause of Death—Name, first, the piscase causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to a for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Exhaustion," Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature or intercurrent) affection need ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is lessential and must be obtained before the certificate is permanently filed.

structions

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook. er," etc., without more precise specification as call laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart disease; not be

S-No. 1

PLACE OF DEATH  County. A.	07145 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 50
Village or City Jurill, M. (No.  2FULL NAME Betty Jean	St.: Ward)  (If death occurred is a hospital or institution; give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Rungle 6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  JUNE 3 0, 198 0  (Month) 3 0 (Day) (230 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  June 3 0, 192 0  that I last saw h M alive on June 3 0, 192 2
7 AGE    If LESS than   I day hrs. or	and that death occurred on the date stated above, at 8:459. n The CAUSE OF DEATH * was as follows:  Mining gitis, cerebo. Spend
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	The clinical picture indicated spedemic cerebo spinal meningitis. Cerebo (Duration) yrs. mos. 2 d. Contributory Secondary
10 NAME OF FATHER Alaw Wayson	(Signed) Grand M. I June 30 193 O (Address) Lothier, and.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dairy Bell ward  13 BIRTHPLACE OF MOTHER (State or Country)  4. a Country	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosd  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, it not at place of deah?  Former or usual residence
(Informant) Welly Wayson (Address) Level, Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930
Filed 6 30 1930 NA Claytor Registras	Potert Mond Tremedoling
If more banks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, should be used only when needed. As examples: (o) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary firemon, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopaeumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of eause of death tctanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. State cause for which surgical operation was underean be ascertained as the eause. Always qualify all (secondar, or intereurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and eonsequences (e. g., sepsis, valvular heart diseose; etc. The contributory affection need not be

properly classified.

### PLACE OF DEATH

Village or City

Anne Arundel



### STATE OF MARYLAND CERTIFICATE OF DEATH

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Crownsville State

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

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S			OR RACE				ried
F	emale	bla	ck	(Write	the we	ord)	
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(a pa (b bu w	CCUPATION  ) Trade, pro articular kind  ) General na asiness, or es hich employe	ofession or d of work ature of in	ndustry nt in				
(a pa	n) Trade, pro articular kind n) General na asiness, or es	ofession or d of work ature of in stablishmen ed or (emp	Hondustry nt in oloyer)	usew			
(a pa	n) Trade, pro articular kind o) General na usiness, or es hich employe	ofession or d of work ature of in stablishment ed or (emp	Ho adustry nt in	usew and	ork	ds. or	
(a pa bu bu w B	1) Trade, pro articular kind 2) General na usiness, or es hich employed IRTHPLACE (State or cou	ofession or d of work ature of in stablishmer ed or (emp entry)	Ho ndustry nt in loyer)	usew and	ork	ds. or	
(a pa (b)	1) Trade, pro articular kind 1) General na usiness, or es hich employe  IRTHPLACE (State or cou- 10 NAME O FATHER  11 BIRTHPL OF FATH	ofession or d of work ature of in stablishmer ed or (emp entry)	Hoodustry nt in Maryl Samue	and I Ha	ork	ds.   or	

Grownsville, Maryland

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH
June 30th , 192 30
(Month) (Year) (Year)
I HEREBY CERTIFY, That I attended the deceased from pril 22 192 30 to June 30th 192 30
at I Inst saw h er alive on June 30th , 1923(
nd that death occurred on the date stated above, at 5:10P
ne CAUSE OF DEATH * was as follows:
Acute endocarditis
(Duration) yrs, mos 7 d
Notestina auto-intoxica-
Contributory Secondary
Quelon Duyon de
THE STATE OF THE S
10110017
June 30) 192 30 Address Crownsville, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran

ients or Recent Residents)

At place of death yrs. 2 mos. 8 ds.	In the Linfetinge de
Where was disease contracted.	

if not at place of death?

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				1	

isual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
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./	1/2		Registrar	1 was from	sley Al
If more	e bianks	are needed, addres	s State Registrer	W. Saratoga St., Balto., Reques	ting / S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

.ployed, as At school, or At home. Cure should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stotionory fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons Laborer-Coal mine, etc. Womwho have no occupation not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) letanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septionemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, peritonueum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature " "Marasmus," "Old Age," "Shock, Chronic valvular heart diseose ete. The eontributory

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Village or City Last East Foot No.	OF DEATH	67659 STATE OF MARYLAND
Village or City Contributory  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  A COLOR OR RACE  MARRIED  WIDOWE CEP  (Write the word)  A DATE OF BERTH  A GE  ILLESS than Iday has In the Alley of The Alley  I DATE OF DEATH * was as follows:  The CAGSE OF DEATH * was as follows:  The CAGSE OF DEATH * was as follows:  The CAGSE OF DEATH * was as follows:  To NAME OF FATHER  OF MATHER  OF MATHER  OF MATHER  I I BIRTHPLACE (State or country)  OF ACTHER  (State or Country)  TATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A DATE OF BURIAL OR REMOVAL  State of BURIAL OR REMOVAL  A DATE OF BURIAL OR REMOVAL  I Splee of death * was as designed beath, or, in death or country of the count	$2\alpha$	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3.SEX  4 COLOR ORRACE  B SINGLE. MARRIED MONVECCED (Write the word)  6 DATE OF BIRTH  16 DATE OF BIRTH  17 I HEREBY CERTIFY, That I strended the decendary of the strended the strended of the strended of the strended of the strended of the	as Eastport No. Sheets	tion, give its NAME ir stead of street and
MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write the word)  6 DATE OF BIRTH    Comparison of the state of the s	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  TAGE    If LESS than   day, hrs.   ds.   or   min.   min.	MARRIED/Marrel	TE OF DEATH July 7 , 1930  (Month) (Day) (Year)
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (	Unknown, 1881 9	(/, / / /
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  11 BIRTHPLACE OF FATHER 2 (State or country)  12 MAIDEN NAME OF FORMOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  (Address)  (Interpretable of death)  (Informant)  (Informant)  (Address)  (Interpretable of BURIAL OR REMOYAL  (Address)  (Interpretable of BURIAL OR REMOYAL  (Informant)  (Interpretable of BURIAL OR REMOYAL  (Informant)  (Interpretable of BURIAL OR REMOYAL  (Interpre	I day hrs. The	
On NAME OF FATHER  It BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Address)  Contributory Secondary  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Addr	ture of industry	Couces proces  (Duration) yrs mos. de.
FATHER  (Signed).  (Signed).  (Signed).  (Signed).  (Address)  (Address)  (Signed).  (Signed).  (Address)  (Address)  (Address)  (Signed).  (Signed).  (Address)  (Address)  (Address)  (Signed).  (Signed).  (Address)  (Address)  (Address)  (Signed).  (Address)  (Address)  (Address)  (Address)  (Signed).  (Address)  (Address)  (Address)  (Address)  (Signed).  (Address)  (Ad	20	
OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Address)	ACE COUNTRY Mars land	State the Disease Causing Death, of, in deaths from John Causes, state (1) Means of Injury and (2) Whether
(Informant)  (Info	ER Wingsman 18 L	NGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ts or Recent Residents)
(Informant)  (Informant)  (Address)	S TRUE TO THE BEST OF MY KNOWLEDGE If no	was disesse contracted, at place of death?
10 Det 1 1 2m 1 A CAMPAGALINA	ess) Elly Mot Mills 19 P	ace of Burial or REMOVAL DATE OF BURIAL Suly / U, 19
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belton, Requesting V. S. No. 1.	7 9 192 Dray & C. Resistrar	I Hopping amafoles

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, engineer, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. The contributory affection valvular heart Nomenclature need disease; not

PLACE OF DEATH	0146 STATE OF M	ARYLAND
County a - a	CERTIFICATE	OF DEATH
	Registration D	ist. No. 21
Village or City amafirche (No. 21 Ma	Shinglon St.: Ward)	(If death occurred in a hospital or institu-
2FULL NAME LUNA WElls.		tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	Omega, 19230 (Day) (Year)
6 DATE OF BIRTH Sell 18, 1928	17 I HEREBY CERTIFY, That I atte	nded the deceased from
(Month) (Day) (Year)	that I last saw halive on	2 192,
7 AGE III LESS than	and that death occurred on the date stated	above, at 2 m.
yrs. 7 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:	,
B OCCUPATION (a) Trade, profession or particular kind of work	auto Brom	cluta
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Duration)	yrs. mos ds.
9 BIRTHPLACE (State or country) annalish's Indi	Contributory Secondary (Duragion)	. yrs
10 NAME OF Sameul Wells!	(Signed) John Bidn	M. D.
of Father South River Md	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	or, in deaths from
T 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.	
of MOTHER CAMUE BELL Lombon	18 LENGTH OF RESIDENCE (For Hospitz ients or Recent Residents)	ls, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos. ds. State.	yrsmosds,
(State or Country)  (State or Country)	Where was disease contracted, if not at place of death?	
- lacus of	Former or usual residence.	*
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) 2/ Washington	Brewerhill Cemt-	1, 25-, 1930
15 Filed fun 24 1923 France C, France he	Eff Branken, & Son 1	ADDRESS TO Washington S
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

Dr.J. Ridonl.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJU.: Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

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Exact

	1PLACE OF DEATH			03954	STATE
/	County A. A.	10:00:00:00:00:00:00		(44)	CERTIFIC Registr
Vil	age or CityAnnapolis	(No. Eme	rgency.	Hospital.	St.:
	2FULL NAME	Esther.	Wenzel	1,	
	PERSONAL AND STATIST		Contract of the contract of th	MEDIC	AL CERTIFIC
3 5	4 COLOR OR RACE White	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	rried	16 DATE OF DEATH	4
11	ate of Birth June	II <sup>2</sup> h	1893	01	Y CERTIFY, Tha
	(Month)	(Day)	(Year)	that I last saw h. U	alive on
· A	36 <sub>yrs.</sub> 10		If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEA	
(a bi	CCUPATION  Trade, profession or HOUSE  Trade, profession or HOUSE  Of General nature of industry  Isiness, or establishment in  hich employed or (employer)	Wife			(Duration
9 8	(State or country) New Y	ork State		Contributory Secondary	(Duration
	10 NAME OF FATHER Albert E	. Bates,		(Signed)	Mus By(Address)L
ENIS	OF FATHER (State or country) Engl	and.			Disease Causing tate (1) Means
L'AR	12 MAIDEN NAME OF MOTHER	Crabtree.		18 LENGTH OF RE	
	OF MOTHER (State or Country) New	York,		At place of deathyrsr	mos. 9. ds.
4 7	(Informant) Lieut Com			Where was disease confif not at place of dea Former or usual residence	in via folis
	(Address) Naval Ac			Naval Cemet	

Filed april 21 19230

03954 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH	
6 DATE OF DEATH  (Month)  (Day)  (Yea	
I HEREBY CERTIFY, That I attended the deceased of the local section of the last saw h. L. alive on the date stated above, at	
he CAUSE OF DEATH * was as follows:	
Contributory Secondary  Contributory  Contri	ds.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	
Accidental, Suicidal or Homicidal.	

1 Cemetery O UNDERTAKER

hopping,

April. 2I. 1950

DATE OF BURIAL

Annapolis. Md.

In the State

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Form laborer, Loborer-Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile fuctory. The materia For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stotionary firemon, etc. But in many Locomolive engineer, (b) Grocery;

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diseases resulting from childbirth or miscarriage as "Puepperal septicacania," "Puepperal povionitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," ctc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic voluntor heart disease, Chronic interstitud nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences le g., sepsis, curbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. Foll VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Always qualify all Meosles ;

(If death occurred in

a hospital or institu-tion, give its NAME ir-stead of street and

deaths frem

and (2) Whether

DATE OF BURIA

number.)

(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure," "Haemorrhage,"
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"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mcre symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory not be

	PLACE OF DEATH	6147 STATE OF MARYLAND
3	County 4. G. Gr. Mg	CERTIFICATE OF DEATH
1-		Registration Dist. No.
Vill	lage or City Sully (No.	St.: Ward) (If death occurred a hospital or limits
	2FULL NAME James We	tion, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Wilde Mult Single, Married, Wildows of Okali (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 0	Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro
7 A		n and that death occurred on the date stated above, at 12.31 Pr. m
) bi	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary
1	10 NAME OF FATHER Lyseph Werner	(Signed) Wille an Dic vit
ENTS	11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER WAS SEWENL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Cumble or	At place of death
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Address) Jelly My	18 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL foy 27, 1931
15	Filed 1/25 P230 June Dangy Fts.	Thut brackfor 1906 Urbland
-	If more blanks are needed, address State Registre	nr, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salcsman, Compositor, Architect, For persons who have no occupation Laborer-Coal mine, etc. Wom-Locomotive (b) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart raine," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Surcoma, etc., oi Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. valvular heart disease; The contributory not be death

PLACE OF DEATH  County Q. Q.	13518 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Answappelis (No Ser Main 2FUEL NAME Ensure Matilda	Ward)  West  St.: 2 Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIEO, WICOWEO, OR DIVORCED (Write the word)	16 OATE OF DEATH 25 , 192\30 (Month) (Day) (Year)
6 DATE OF BIRTH Moverch 27, 1861	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Bay) (Year)  7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 4.70 Am.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Home work	arteriosclerose
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  TO NAME OF	(Durstion) yrs mos ds  Contributory Secondary  (Durstion) yrs mos ds  (Signed) ann Marine for my form M. 5
11 BIRTHPLACE OF FATHER (State or country)  Ougland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 ULLUNION	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mrs Morrice Ggle	Where was disease contracted, if not at place of death?  Former or usual residence
15 Filed har 26 1923 2 Jange & Jange	Cedar Bluf Court Nov 2), 1930 20 MINDERTAKER Dayler Classes of T
Registrar	ir, to W. Saratoga St., Baito., Requesting V. S. No. 1. Mil

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ener," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. helanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

PHYSI-

PLACE OF DEATH Anne Arundel County

> OF MOTHER (State or Country)

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m

### STATE OF MARYLAND CERT!FICATE OF DEATH

Registration Dist. No.

Village	Cia	Crownsville	State	Hospital
village or	City		(140.	

Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

**2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MARRIED. Separated WIDOWED. 4 COLOR OR RACE 3 SEX Male black OR DIVORCED (Write the word) 6 DATE OF BIRTH Unkno wn 861 (Month) (Day) (Year) If LESS than 7 AGE day hrs. 60 BOCCUPATION (a) Trade, profession or Laborer particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Virginia 10 NAME OF FATHER John West, dead 11 BIRTHPLACE Virginia OF FATHER LZ (State or country) 12 MAIDEN NAME œ Julia Anderson, dead 4 OF MOTHER 13 BIRTHPLACE Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Grownsville, Marylan

(Informant) Hospital Records

November 28th	192 30
(Month) (Day)	
April 23rd 1930 to November 2	eceased from
that I last saw h im alive on November 28	192.30
and that death occurred on the date stated above, at 1	2:30P
The CAUSE OF DEATH * was as follows:	
General Arteriosclerosis	
A IInknown	
(Duration) ^ Unly no Wn	nosds.
Contributory Senility	
Secondary	
(ININ NYTHING)	mosds.
(Sign(d)	M. D.
Not. 28) 192 30 (Address) Crownsville,	
*State the Disease Causing Death, or, in device Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	aths from ) Whether
18 LENGTH OF RESIDENCE (For Hospitals, Institutionts or Recent Residents)	tions, Trans-
At place of death yrs. 7 mos. 5 ds. State Unit	10W11ds
Where was disease contracted, if not at place of death?	
Former or usual residence Baltimore City, Mary]	and
13 I ENGL OF BORRISE TO STATE OF THE STATE O	BURIAL
mount Juberen - Balkemore, Dec.	ک <sub>ر 19</sub> کر
20 UNDERTAKER ADDRESS	it Xill
	more me

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mine, eve. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation mill; (a) Salcsman. Locomoline engineer, (b) Grocery; Grei

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphia (I fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL repticuomia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid

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V. 33.

1 PLACE OF DEATH County A W	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2FULL NAME Suffer W	St.: Ward)  (If death occurred i a hospitual or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male What Single, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH 3/ , 1923 D (Month) (Day) (Year)
6 DATE OF BIRTH  Moy 31 1936	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, 192
(Month) (Day) (Year)  7 AGE   If LESS than   I day hrs.   ds. or min.?	
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Lill bru  (Duration)
9 BIRTHPLACE (State or country) West Ammafroles.  10 NAME OF FATHER OTHER West (	Contributory Secondary  (Duration)  (Signed)  (Signed)  (M. D. M.
11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  Else Vonaleban	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) a a co mo	ients or Recent Residents)  At place In the of deathyrsmosds  Where was disease contracted,
(Informant) Othe R MUSE	if not at place of death?  Former or usual readence.
(Address) West annopolis and	Rullan a.a. e. may 31-, 130
15 Filed 1 30 19230 Fray 6 C 7 ce 9	20 IN DERTAKER ADDRESS AMMENDED

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Toul mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reen at home, who are engaged in the duties of the worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

PLACE OF DEATH  County Q. Q.	14633	STATE OF CERTIFICATE	
	740		Dist. No.
Village or City leedan park (No	Westbrook	St.:Ward	(If death occurred In a hospital or institu- tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
Male White Single, Married, Midowed:  (Write the word)	16 DATE OF DEATH	/ 2(Month)	(Day) (Year)
6 DATE OF BIRTH  Sept 30, 1858  (Wonth) (Day) (Year)	that I last saw h Acc	CERTIFY, That I att	11 0
7 AGE 7 2 yrs. 2 mos. 4 ds. or min.?		A	above, at
(a) Trade, profession or Painter particular kind of work Painter (b) General nature of industry business, or establishment in which employed or (employer)	Contributory	pleny  Courtin	ernnihage yrs mos J.de.
(State or country) London England  10 NAME OF FATHER Educard - S. Miselbroft  11 BIRTHPLACE OF FATHER (State or country) England  12 MAIDEN NAME	(Signed) 1920	(Duration)  (Address)  Sease Causing Death, the (1) Means of In the or Homicidal.	or, ih deaths from jury and (2) Whether
OF MOTHER Elegabeth 3. Upslow  13 BIRTHPLACE OF MOTHER (State or Country) England	18 LENGTH OF RES	idents) In the State State	eyrsmosds
(Informant) Hornest U Westbrook	Former or usual residence		
(Address) angesto md	wy Hill	OR REMOVAL	Dec 8 , 130
15 Filed tee 6 19230 France ( Joya Ma)	20 UNDERTAKER	pping	annopoles.
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St.	anto., Requesting V. S	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer Irehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emwithout more precise specification as Day single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

1PLACE OF DEATH	08938 STATE OF MARYLAND
County a.G.	CERTIFICATE OF DEATH
01 0	Registration Dist. No.
Village or City Browns Hopes  2FULL NAME Clara heola	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund of Single, Married, Widowed. Corple  (Write the word)	16 DATE OF DEATH 7, 19230 (Mghth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Mongh) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 5 C. m.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Gastro-enteritie: sick from birth, cush.  (Duration) yre 2 mos. de.
9 BIRTHPLACE (State or country) a.G. Co. Wife	Contributory Secondary (Duration) yrs
10 NAME OF FATHER James Hest field 11 BIRPHPLACE	(Signed) John W. Aulesson, P. acting as Corones D.
OF FEATHER (State or country Plur land Oliv)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elean Cury	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) a. G. Cv. Find	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Eliano Carey	usual residence
(Address) Browna Arrifa	Broad ruck Coux, ang 18, 1930
15 Fileding 17 19232 Joseph C Jagaran	20 UNDERTAKER Hours. Brown Hords
If more bianks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. stated EXACTLY, properly classifler of certificate. (If death a hospital or institution, give its NAME in-stead of street and number.) 2FUEL NAME PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH PERMANEN 4 COLOR OR RACE MARRIED, be WIDOWED. OR DIVORCED pino (Write the word) may 6 DATE OF BIRTH attended the deceased from instructions that (Month) (Day) U If LESS than 7 AGE and that death occurred on the 80 The CAUSE OF I day hrs. ollow upplied terms or min.? 8 OCCUPATION in ter (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in Duration) 2 importa which employed or (employer) EATH Contributory 9 BIRTHPLACE Secondary (State or country) should BE OF DE 10 NAME OF (Signed) FATHER 00 11 BIRTHPLACE Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether OF FATHER S RENT CO CAUS Causes. (State or country) Accidental, Suicidal or Homicidal. Informatic state CA 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-V OF MOTHER state ccup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mos. of death. s should s (State or Country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRU Every item CIANS sho statement (Informant) If more blanks are needed, address State Registrar, 16 W. Saratoga

BINDING

ESERV

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers definite salary), may be entered as laborer, Farm laborer, Laborer-Coal minc, etc. Worken at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Stationary fireman, etc. But in many For persons who have no occupation Locomoliec As examples: (a)who receive a usewife, House-9 engineer, Grocery; Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Corebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of \*Croup"); Typhoid fover (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences le g., sepsis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ".Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Whooping cough; ('hronic Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia, American Medical Association.) Examples: A ceidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease or intercurrent) affection need not be valvular heart disease; etc. The contributory

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT WRITE

MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	12158	STATE OF M	
1	S I P.	(89)	Registration D	
Vi	2FULL NAME Thomas 1/1	heeler	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 2 ingle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Ch. 2 2m	, 19 <b>3</b>
6	DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY	CERTIFY, That I atte	nided the deceased from 1950,
7	72 yrs. mos. ds. lf LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated :	above, at
00	(a) Trade, profession or	Ch	Sua (J. (Duration)	eclore  /fr yis. mos ds.
Y	BIRTHPLACE (State or country) 2nd	Contributory Secondary	(Duration)	
ENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)		(Address) (Constant of Injury Homicidal.	or, in deaths from ury and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER		SIDENCE (For Hospita	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsm Where was disease conti	osds. In the	yrsmosds.
14	(Informant)	if not at place of dear	h?	
	(Address) William Jucker	60. Ha	OR REMOVAL	Oct 3, 1980
15	Filed Uch 3 192 M. due Kelt Ja Ill Who	fas. J.	lox Ed	gewaler
	If more branks are needed, address State Registra	16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write Nonc.

Statement of Cause of Death—Name, first, the Disbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if Civil engineer, Physicium, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocworked on may form part of the second statement Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation Stotionary fireman, etc. But in many (b) Automobile factory. The materia Locomolive (b) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease inges, perdonacum, etc., Corcinoma, Sarcomo, etc., of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on Nomenclature (Recommendations on statement of cause of as fraeture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for whieli surgical operation was undercan be ascertained as the cause. Always qualify all (secondar/ unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular hcort disease; etc. The contributory

V. S. No. 1

	PLACE OF DEATH		13520	STATE OF M	
	County Anne Arundel.		(101-0)	CERTIFICATE	OF DEATH
		2 2 . 71		Registration I	Dist. No. 22
Vi	llage or City Jessup, Md. (No. Mar	yrand H	ouse of Cor	rection Ward)	(If death occurred is a hospital or institu
1	2FULL NAME James Whi	te		***************************************	tion, give Its NAME in stead of strest and number.)
	PERSONAL AND STATISTICAL PARTICU	LARS	MEDIC	CAL CERTIFICATE O	OF DEATH
3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	single	16 DATE OF DEATH	ember 26 - 19	930 , <sub>192</sub>
	male Negro OR DIVORCED (Write the word)		000000000000000000000000000000000000000	th. (Month) 26	(Day) B (Year)
6	DATE OF BIRTH  (Month) (Day)	, 1 1901 (Year)	Aug. 241	Y CERTIFY, That I att. 930 <sub>192</sub> to NOV 2	ended the deceased from • 26-1930 , 192 6-30 , 192
7	AGE 29 yrs. mos. ds.	If LESS than I day hrs. or min.?	and that death occu	rred on the date stated TH * was as follows:	above, at 12:20PM
1	a) Trade, profession or		Cardiac Ex	khaustion.	£
4	particular kind of work laborer (b) General nature of industry	*************	CONDEX CENSES	MOONEX,	**************************************
wh	ousiness, or establishment in		400000000000000000000000000000000000000	(Durstion)	yrsmosils.
М-	which employed or (employer)  BIRTHPLACE (State or country) 7 9	***************************************		obar Pneumon	ia.
	10 NAME OF "		(Signed) WW	20-10,20	778 mos 10 ds
10	11 BIRTHPLACE		11-26-30 192	(Address) Jessu	p. Md.
RENTS	OF FATHER (State or country)		*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, tate (1) Means of Inj	or, in deaths from ury and (2) Whether
PAR	12 MAIDEN NAME "/ OF MOTHER		18 LENGTH OF RE	ESIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)		ients or Recent R At place of death yrs 5	mos. 6 ds. In the	2yrsmosds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	DGE	Where was disease con if not at place of des	tracted, (u.c.	***************************************
	(Informant) Pecusas Mid Haf ( (Address) Jessuf Pro	oneele.	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
15	Filed for 26 the 1930 Clay he Has	Registrar	20 UN DERTAKER	rshall !	essep, hed
	If more branks are needed, address St	tate Registrar	, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. or given up on account of the DISEASE CAUSING DEATH nner, (b) Cotton mill; (a) Salesman, (b) Grocery. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. For persons who have no occupation Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; "(Exhaustion," "Heart failure," "Haemorrnage, "(Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease

ACE should be stated EXACT INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

PLACE OF DE.	ATH (Cruedel	14634 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City al	esulle (No	Registration Dist. No.  St.: Ward)  Ward)  Wilde  Registration Dist. No.  (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND	STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLO	R OR RACE 5 SINGLE. MARRIED. WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	July 31,	17 I HEREBY CERTIFY, That I attended the deceased fr
7 AGE	18 Id	ESS than and that death occurred on the date stated above, at
(a) Trade, profession of particular kind of work (b) General nature of it business, or establishme which employed or (employed or (employed or (state or country)	ndustry	Contributory (Allert Coursion) 275 mos.  (Durstion) 275 mos.
10 NAME OF FATHER  OF FATHER  OF FATHER	I Hilde	(Signed) 192 (Address) Nepporal (Le
Z (State or country) 12 MAIDEN NAME 4 OF MOTHER	Mary weed	*State the Disease Causing Death, or, in deeths falon Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	Martand	At place of deathyrsmosds. In the Stateyrsmos
(Informant)	Jaleville - / M	
(Address)		20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Caneer" is less definite; avoid tetunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

	77 - 100					
	stated proper of certi		PERSONAL AND STATISTICAL PARTICULAR	S		
PERMANENT	D o x	3 :	SEX 4 COLOR OR RACE 5 SINGS E.  MARRIED,  WIDOWS D.  OR DIVORCED  (Write the word)			
RM	ould may n bac	6	DATE OF BIRTH	3		
PE	5 = 0		aug 11 18	5		
A			(Month) (Day)	0		
IS	00	7 /	AGE [If LE	S		
	upplied. ACE terms so that the instruction		53 yrs. 11 mos. 29 ds. or	У.		
IK-T	SES	)(E	OCCUPATION (a) Trade, profession or Jalnev-	4		
UNFADING INKTHIS	be carefully EATH in plai important.	(b) General nature of industry business, or establishment in which employed or (employer)				
		9 6	(State or country) a. a. County h	~		
	F D		10 NAME OF HORSE Wilhers	2		
WITH	(0 =	ENTS	OF FATHER (State or country)  (State or country)  O . 4. Crunty	h		
7,	formation tate CAUS	PARE	of MOTHER Linah?			
INI	f Inform d state Occu?		13 BIRTHPLACE OF MOTHER (State or Country)  A. A. Jorent,			
RITE	Item of s should nent of	14	(Informant) ON Mylleu			
A	Every Item CIANS sh statement	A * 40	(Address) Tracus duding	7:		
(	1.9	15	Filed My 9 1930 Mr Clay	L		
-		-	PHY PD 11			

PLACE OF DEATH

2FULL NAME

08939

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

Ward)

(If death occurred in a hospital or institu-tion, give Its NAME in-

NAME Sumas vouse	number.)				
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
COLOR OR RACE 5 SINGSE, MARRIED, WIBCWEO. OR OLVORCED (Write the word)	16 DATE OF DEATH Quy 9, 1930  Quy (Month) 4 (Day) 1930(Year)				
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929. to any 1980, that I last saw h in alive on any 8, 1990,				
3 yrs. 11 mos. 29 ds. lfLESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 5.9.1m, The CAUSE OF DEATH * was as follows:  Crubal hemonlage				
ession or Salney					
blishment in or (employer)	8 hours (Durstion) yrs mos de.				
Hrace Wilheren	Contributory Secondary  Asturbuluous (Durstion) yrs mos ds.  (Signed) Willy C. Hummel M. D.				
euntry) a. a. County, Ind	State the Piscase Causing Death, or, in deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
Linah?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)				
TRUE TO THE BESTOR MY KNOWLEDGE	At place of death				
ohy M. Mulleu	Former or usual residence				
Tracino auding na	recentaging Mg aug/1, 180				
1930 VIII- Maylor Registras	20 UNDERTAKER HOORESS TREULORIES -				
If more b.anks are needed address tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.					

No 30

(Approved by U.S. Census and American Fublic Health Association.)

Spinner, (b) Cottan mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Hauseer," etc., without more precise precise, etc. laborer, Farm laborer, Labarer—Coal mine, etc. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compasitar, Architect, Lacamative engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, ar At hame. Care should be taken work, or At Hame, and children, not gainfully emen at home, who are engaged in the duties of the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e g., Farmer ar Planter, engineer, Stationary fireman, etc. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinliheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Branchapneumonia ("Pneumonia,"

> approved inges, peritanaeum, etc., Carcinama, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbalic acid-probably suicide. The nature of the injury, accident; Revolver waund of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapncumania (secondary), (secondary or intercurrent) Chranic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on cough; Chranic affection valvular heart Nomenclature of the need disease; not be

V. S. No. 1

	PLACE OF DEATH  County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3
	Village or City Slew Burnia (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR D	16 DATE OF DEATH 3 3.0
	6 DATE OF BIRTH  3 5 3 5 7  (Morth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to 192
	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work  (b) General nature of industry	Janalus Sufant.
	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) (A. Q. Q. Aud)	Contributory Secondary (Duration)  yrs
	10 NAME OF FATHER OF Europe Wilks.	(Signed) M. D. M.
	Z (State or country) Q Q Co Mul.	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?
	(Informant) Haman Wilks:  (Address) Cay Burns	IS PLACE OF BURIAL OR REMOVAL  Ledar Helb Community, 19
5	15 File 3/17 1000 genes Very A	Batchains Habery  1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	If more banks are needed, address tate Registra	r, 10 m. Daratuga Din Suiton noquesting

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the dutics of the work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Housestate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-.,, etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart Range," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease stated unless important. unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma, Sarcoma*, etc., of ...... (name origin; "Cancer" is loss definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perttonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage," Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (disease

V. S. No. 1

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1PLACE OF DEATH	13521 STATE OF MARYLAND
A HOUNDAND OF	CERTIFICATE OF DEATH
County 7 7 W W W W W W W W W W W W W W W W W	Registration Dist. No. 42
Village or City/ inthicum Karochts Ma	St.: Ward) (If death occurred in
2 FULL NAME Horard Golden	Willey and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, MIGHOW ON DIVORCED (Write the word)	16 DATE OF DEATH Zy / OV. , 1936
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0/10 - 3 - 10-70	3 Jep, 1930. to 27/10 V , 1920.
(Month) (Day) /(Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
OCCUPATION	(accidental) after nursing
(a) Trade, profession or Infant particular kind of work	in garents bed.
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Toos Toos de.
9 BINTHPLACED	Secondary Contributory arising Corone
Anne Stunder County Maryland	(Deration) yrs. fl. mos. de.
FATHER CO-do- Brilland	(Signed) Woodshay M. D.
11 BIRTHPLACE	ZY 160V 1920 (Address) LINTOKUM HITS
State or country) who ster (ounty Maryland	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) When the control of the cont
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER fillian Jockman	ients or Recent Residents)
OF MOTHER	At place In the of deathyrsmosds.
(State or Country affinas (17)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) // Ilian /ockman //illex	19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) /inthicum Hots Md	Loudan PR. nov 28th Be

ADDRESS

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

E. Woodui

20 ON DERTAKER

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons cenployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. household only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., whon a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic or intercurrent) etc. The contributory affection necd not be valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	(1894) STATE OF MARYLAND
County Um Urundel	CERTIFICATE OF DEATH
	(48)
1) ! ! ! -	Registration Dist. No.
Village or Sity MMOMON (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
TOLL MAINE	por a manufacture of the second of the secon
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(hor 12 1862	July 20 1981. to Sug 11 , 1986.
(Month) (Day) (Year)	that I last saw harm alive on July 21, 192 A,
7 AGE [If LESS than	and that death occurred on the date stated above, at/
l day_hrs.	
7 yrs. 9 mos. ds. or min.?	
(a) Trade, profession or	
particular kind of work Tisherman	Maria of Lagar
(b) General nature of industry	( uncu of free
business, or establishment in which employed or (employer)	(Duration) yrs. 4 mos de,
2	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yrs mos ds.
FATHER / POSCO AND (NC. 1)	(Signed) I Ling M. D.
11 BIRTHPLACE	Mug 13 1928 (Address) Ohm chlon
of father	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ienta or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or country) / WWW CON	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(1) / / / / / / / / / / / / / / / / / / /	Former or usual residence.
(Informant) Miles (V. Willson)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mus ahlore Mg	Ceder Hill Cemetery ang 15-, 1030.
Filed Aug 13 1980 Ges J Dent ME Registrar	Chas L Slevens 13012 Fort has
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Belli-

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive (b) Automobile factory. The material (b) Grocery; engineer,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrose; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopncumonia (secondary), stated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traindiseases unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature of the Chronic Example: Mcasles (disease The nature of the injury, etc. The contributory affection need valvular heart disease; not be

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PLACE OF DEATH County Anne Arundel		0148 <b>9</b> D	STATE OF M CERTIFICATE	OF DEATH
Village or City <u>Crownsvillenst</u> 2FULL NAME Alex			Registration D	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PAR	TICULARS	MEDIC	AL CERTIFICATE O	F DEATH
Male  4 COLOR OR RACE  MARRIED WIDOWE OR OIVO (Write the	Widowed	16 DATE OF DEATH	uary 12,	, 192 <sup>30</sup>
6 DATE OF BIRTH  unknown  (Month) (Da	, I	October 25,		nded tha deceased from 12, 1930,
? 89 yrs. unknown  B occupation (a) Trade, profession or barticular kind of work  Unknown	If LESS than I dayhrs. ormin.?	and that death occur		bove, at 8.50 am.
(State or country)  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland		Contributory	(Duration) Senility (Duration)	yıs mos ds.
10 NAME OF FATHER UNKNOWN		(Signed) Jan. 13,19230	O (Address) Crowns	M. D.
OF FATHER (State or country) Unknown			sease Causing Death, ats (1) Means of Injury Homicidal.	
of Mother Unknown  13 BIRTHPLACE OF MOTHER Unknown		ients or Recent Recent Recent Place Of death yrs.	sidents)	Life mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KN	OWLEDGE	of deathyrsm Where was disease contr if not at place of dead		de.
(Informant) Hospital Recor	ds	HOSPITAL  OUNDERTAKER		Date of Burial Jan. 14,, 1930
If more branks are heeted, add	Registrar	Joh F. When	Salto., Requesting V. S.	Walesbury

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart disease; The contributory

EXACTLY, PMYSI-y classified. Exact

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See Instructions on back of certificate. PERMANENT Y 2 UNFADING INK--THIS RESERVED MARGIN WITH

BINDING FOR

PLACE OF DEATH  County Assert Brandel  Village or City Staffscono.	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
Herol Col Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 1930 (Year)
Sept 13, 1930 (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Self 13 1970, to Oct 13 1970, that I last saw here alive on Oct 13 1970,
7 AGE	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State of country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)  Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of desth?
(Informant) Fouris William (Address) Patopse, Ellery	Former or sual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS
15 Filax 14 1907 - James Herosama	11 + Flor - Ell . 1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

en at home, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman. -Coal mine, etc. (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospingle fever\*\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*\*); Diphtheria avoid use of \*Croup\*\*, Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" (secondary Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train— Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; on," "Heart failure," "Haemorrhage," or intercurrent) affection need not be Committee on Chronic etc. The contributory valentar heart disease; Nomenclature Always qualify all of the

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MARGIN	H UNFADIN	hould be ca

#### PLACE OF DEATH STATE OF MARYLAND County Anne Arundel CERTIFICATE OF DEATH Registration Dist. No. Crownsville No tate Hospital (If death occurred in a hospital or institu-Village or City St.: Ward) tion, give its NAME innumber.) Jane Williams 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ssingle, married 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. October 24th WIDOWED. OR DIVORCED female black (Month) (Day) (Year).... (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH April 29th 19230 to October 24th192 30 unknown 882 that I last saw h eralive on October 24th, 192 30 (Year) (Month) (Day) and that death occurred on the date stated above, at 5 P. m. If LESS than 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. unknown Senticemia due to extension of 8 OCCUPATION local infection of antium of hymore (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. mos 21 ds. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) South Carolina 10 NAME OF FATHER Stevens Wise 4tho2 3QAddress) Crownsville Ma. 11 BIRTHPLACE South Carolina \*State the Disease Causing Death, or, in deaths from Violent Causes, state\_(1) Means of Injury and (2) Whether OF FATHER ËZ (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Susie ients or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER South Carolina (State or Country) Where was disease contracted. if not at place of death?....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records (Informant)

Crownsville Maryland

rormer or usual residence Baltimore City

19 PLACE OF BURIAL OR REMOVAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. busine , that fact may be indicated thus; Furmet (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal mine, etc. Womnot gainfully em-(b) persons en-The ques-Grocery

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accept ed to a for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopucumonia ("Pneumonia").

American Medical Association.) "Debility" ("Congenital," "Senile," etc., "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Conna," "Convulsions, peritonucum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, Example: Measles (disease etc. The contributory

#### 03955

(112)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Crownsville State	Hospital	St.: Ward)	(If death occurred is a hospital or institu
	us Willisms	***************************************	tion, give its NAME in stead of street an number.)

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	PERSONAL AND	STATISTICAL	PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
	nale bla	ck Wit	GLE, SII RRIED, OOWED. DIVORCED te the word)	ngle	April 28th , 192 30 (Month) (Day) (Year)
6 1	DATE OF BIRTH	Unknown (Month)	(Day)	, 1 904 (Year)	I HEREBY CERTIFY, That I attended the deceased from Feb. 10th 1928 to April 28th, 19230 that I last saw h 1 alive on April 28th, 19230
	26	rs. unknown		If LESS than I day hrs. or min.?	and that death occurred on the date stated above, ab.; 25A. m. The CAUSE OF DEATH * was as follows: ACUTE Gastritis
) b	Trade, profession of articular kind of work     General nature of its usiness, or establishmenth which employed or (employed or (employed).	ndustry ent in	er		(Duration) 48 hours (Duration) yrs. mos de.  Contributory Lowered resistance due to
9 6	SIRTHPLACE (State or country)  10 NAME OF FATHER	Marylan			Secondary insanity insanity de.
ENTS	David Henry Williams  OF FATHER (State or country)  David Henry Williams Unknown				*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER Dead				18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Unknown				ients or Recent Residents)  At place 2 of death
14		O THE BEST OF M DSpital Re COWNSVille			Former or usual residence Baltimore County, Md.  19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL  AUTOPOLIS MA 429, 1950  20 UNDERTAKEN ADDRESS  916 Plana Ave
	Af more	bianks are needed	l, addre. 25	ate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 Salls

N. B.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT V. WITH UNFADING INK--THIS IS WRITE

PLACE OF DEATH	STATE OF MARYLAND
County	© CERTIFICATE OF DEATH
- 01	Registration Dist, No.
Village or City (Mo. 5-8 Hes	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FUEL NAME 1904 Hard	Maure number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH 200 / 16 , 1930	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)  7 AGE    If LESS than   day   hrs.   or   min.	and that death occurred on the date stated above, at
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country) Consumption of the State of Country) Consumption of the State of Country) Consumption of the State of Country) State of Country State of Country) State of Country State of Countr	(Signed) (Durstion) (Signed) (Address) (Addres
12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER  (State or Country) Hest Tring	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Jours Hilliaus	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Curry My  15 Filedm//b 1923 Jayl C. Frankle  Registrar	20 UN DERTAKER  Jours Helliams Company  LE W. Sorters St. Balto Requesting V. S. No. 1.

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation.

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death Never report mere symptoms or terminal condi-

ESERV MARGIN

O(Address) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-DATE OF OR REMOVAL

a hospital or institution, give its NAME in-stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman. (b) For persons (b) Automobile factory. The material (a) the kind of work and also (b) the who have no occupation single word or term on -Coal minc, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaentia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondar, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial nephritis, cough; by Committee on Nomenclature or intercurrent) affection need not be ss important. Example: Measles (disease Chronic statement of cause of valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECEIVED

WRITE INLY, WITH UNFADING INKTHIS IS A PERMANE	N. BEvery Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back
INLY, 1	Informatic state CA CCUPATIC
	of of o
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V. S. No. 1

PLACE OF DEATH	Uh432 STATE OF MARYLAND
County 4	CERTIFICATE OF DEATH
Village or City Browns Woods (No	Registration Dist. No.  St.: Ward)  Ward)  (If death occurred in a hospital or institution, give its NAME itsteed of street end
2FULL NAME IV (WYY YAN'E IV ALSONC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Yest)2
unknown -, 1846	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I lest saw harmalive on, 192,
about 70 yrs ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Mithal (Iguszelatan)
9 BIRTHPLACE (State or country) Win Chester Mid.  10 NAME OF FATHER James Horney	Contributory Secondary  (Durstion)  (Signed Webselmann M. D.
of FATHER  (State or country)  12 MAIDEN NAME  (12 MAIDEN NAME  (13 MAIDEN NAME  (14 MAIDEN NAME  (15 MAIDEN NAME  (16 MAIDEN NAME  (17 MAIDEN NAME  (18 MAIDEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hon cidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta)  At place of death
(Informant) MEllry Wilson	usual readence
(Address) P.O. amold 1 md	Broad / Rek CENT 6 8 1930
Filedran 6 1923 D Joseph G Registrar	20 UNDERTAKER ADDRESS Le H. B. Parks. 47 Wash- SI-
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. runer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

1 <sub>PLAC</sub>	E	OF	D	EAT	Н	
County	À	rne	9	hr	in	de

Village or City

13 BIRTHPLACE

(Informant)

15

m ż OF MOTHER (State or Country) 07661

STATE OF MARYLAND CATE OF DEATH

CEF	3	Ţ	IF	10
		D		

Registration I	Dist. No. 21/
St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and

CrownsvillanoState Mospital

Mary Lizzie 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE sin le WIDOWED, OR DIVORCED (Write the word) female black 6 DATE OF BIRTH unknown (Month) (Day) (Year) If LESS than 7 AGE l day hrs. 8 OCCUPATION (a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Delaware 10 NAME OF FATHER Unknown 11 BIRTHPLACE (J) OF FATHER FZ (State or country) Unknown 12 MAIDEN NAME Esther Gidds d OF MOTHER

Unknown

Hospital Records

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 DATE OF DEATH July 22nd	, 19230
(Month) (Day)	(Year)
July 14 1920 to July 22n	deceased fro
that I last saw har alive on July 22nd	, 19234
and that death occurred on the date stated above, at	
The CAUSE OF DEATH * was as follows:	
General Arteriosclerosis	
· · · · · · · · · · · · · · · · · · ·	
	••••••
(Duration) yrs. Un	known d
0 1311	
Contributory Secondary	/
(Duplon) I great	in Co d
THEID FINNE	Mag
Signed)	
22 19230 (Address) on who wille	150
*State the Disease Causing Death, or, in d Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.	eaths from (2) Whether
8 LENGTH OF RESIDENCE (For Hospitals, Institution of Recent Residents)	utions, Tran
At place of death yrs. mos. 9 ds. In the State United	O times
Where was disease contracted, if not at place of death?	W
Former or usual residence fientreville, Marylan	ą
19 PLACE OF BURIAL OR REMOVAL DATE C	F BURIAL
0 11 0 - 1/2	1 C

MEDICAL CERTIFICATE OF DEATH

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UND GRTAKER

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from laborer, Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed. as Al school, or Al home. Cure should be taken household only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material or Al Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erchrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "('Croup'')); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar preumonia, Bronchopneumonia ("'Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopicumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart discase; etc. The contributory Measles;

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE S No. 1

3

PLACE OF DEATH	97662 STATE OF MARYLAND
County. 4 - Cl / CV	© CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Janapolis (No. 6 L	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (1930) (Year)
6 DATE OF BIRTH	17 J I HEREBY CERTIFY, That I attended the deceased from
(Month (Day) (Year)	that I last saw han the on the fully 4, 1980.
7 AGE [If LESS than	and that death occurred on the date stated above, at
stillon I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Fremslive laba.
8 OCCUPATION (a) Trade, profession or	***************************************
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) yrs. H mosds.
9 BIRTHPLACE (State or country)	Contributory Markanana
10 NAME OF CO	(Duration) yrs mos, ds,
FATHER Leon Changel	(Signed) M. D.
11 BIRTHPLACE & sterry all	1930 (Address) Dura of polis Me
OF FATHER (State or country)  12 Maigen Name	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / sa Lee Wilson	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Or folky	ients or Recent Residents)  At place in the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
1 . 111	Former or usual residence
(Informant) Final J. Clan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6 Block sta	Brewer Hill July 8, 100
15 Filed July 7 19230 frag 6 c fra hos	20 UNDERTAKER ADDRESS
	, 18 W. Saratoga St., Balto., Requesting V. S. I.o. I.
ir more planks are needed, addre.s Ltate hegistrar	1 TO ITE DESERVED DESIGNATION HOUSE THE TENTON OF THE PROPERTY

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, "
> "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease; not be

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY, WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County a	CERTIFICATE OF DEATH
a abolit 17 to	Registration Dist. No. 2
Village or City (No.	Tylle St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary. B.	Wenterlay tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Unit Single, Wildows Wildows (Write the word)	16 DATE OF DEATH /8 , 199 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
any 15, 1850	7, 192, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than   I day hrs.	
77 yrs. // mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Auti Delatater Hart
(b) General nature of industry	**************************************
business, or establishment in	(Durstign)ds.
which employed or (employer)	Contributory High Blood Pressure
9 BIRTHPLACE (State or country)	Secondary (Darstion) yrs mos ds,
10 NAME OF Peter Nicholas	(Signe Louis MA of kin Achy Corones D.
OF FATHER	Joseph (Address) Joseph M
(State or country) Germany  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Barbra Smelle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Termously	of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Pry Jesher	Former or usual residence
(Address) ansapolic m	Marys _ bate of Burial OR REMOVAL DATE OF BURIAL 80
Filedy 20 1923 Array 6 C. fry a Mar	20 UNDERTAKER / ADDRESS Solv
If more banks are needed, addre-s State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupationtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many -Precise statement of oc-6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature contributory

No.

PLACE OF DEATH

County and aruno 3

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13	w	18	2.1	63

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(182)

Registration Dist. No. 2

Ward) (If death occurred in

NAME Guy Wilt	a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
white Single, married White Write the word)	16 DATE OF DEATH June 16 , 1930 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  (Month) (Day) (Year)  (Year)  (If LESS than   day hrs. or min.)	that I last saw h alive on 192, and that death occured on the date stated above, at m.  The CAUSE OF DEATH * was as follows:
country)  AME ROVA.  Auto Meshouse  Auto Meshouse  Mesho	(Duration) yrs. mos. ds.  Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) Second Hallon M. D.  *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
R CE R COUNTRY)  TRUE TO THE BEST OF MY KNOWLEDGE  Thelina Welk S)  ESSEL May Registrar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
If more bianks are needed, address State Registrat	6 W. Saratova St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Parmer (restate occupation at be inning cfiliness. If retired from or given up on account of the DISEA E CAUSING DEATH. gue d in domestic service for wages, as Novand, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as I'ousewijk Housework, or At Home, and children, not gairfully employed, as At school, or At home. Cure should be taken to report specifically the occupations of persons enon at home, who are engaged in the duties of the hou-shold only (not pail House engages who receive a er," et ., without more precise specif ation as liburo, Ferm laborer, Laborer—Coel name, etc. V worked on may form part of the second statement. Never return "Laborer." "Foreman," "Lanager." "Dealshould be used only when reeded Asexamples: a Suinner. (b) Collan will; (a) Salesman, (b) Gracery. additional line is provided for the latter statement; it nature of the business or indistry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, wier, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile feelery. The material For many occupations a single word or term on 3/108). For persons who have no occupation Locomolive But in many engineer, Wom-Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebros pinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic, "Atrophy." "Collapse." "Coma," "Convultions," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "PUERPERAL septienemia." "PUERPERAL perilonilis, causing stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid carbolic acidaccident; Resolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway trainunus) may he stated under the head of "contributory". Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OFINJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage by Committee on Nomenclature of cough; Chronic etc. The contributory affection necd Tie n.. ture of the injury, valvulor heart disease; not be

If this certificate is hoked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See of Paris 1930

Vil						ergency ne Wind		5a.L
-	PERSO	NAL AND	STATIST	ICAL PAR	TICU	LARS		MEDIC
	emale	4 COLO	r or race	5 SINGLE, MARRIED WIDOWE OR DIVO (Write the	D, RCED	arried	16 DATE O	OF DEATH
6 1	DATE OF BI		uly (Month)	29 ) (Da	(y)	, 1 864 (Year)	17 Hm	HEREB
7 A	AGE	65 <sub>v</sub>	rs. 9	mos. 7	ds.	If LESS than I day hrs. or min.?	The CAUS	
() p	b) General usiness, or	orofession of and of work nature of i establishme	HOUSE ndustry ent in		• • • • • • • • • • • • • • • • • • • •		U	
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NTS & STN	a) Trade, particular kib) General cusiness, or which employed (State or control of the control o	orofession of and of work mature of interestablishmen opped or (employed or (employed))  OF R  PLACE HER  or country)	HOUSE ndustry ent in ployer)	nore Md	•		(Signed)*Sta	te the I
ARENTS	a) Trade, particular kib) General cusiness, or which emploises (State or control of the state of	orofession of and of work mature of in establishments of incountry)  OF R  PLACE HER or country)  N NAME	HOUSE ndustry ent in ployer) Baltim Unkno	own	•		(Signed)	te the I Causes, a tal, Suicidal
RENTS	a) Trade, particular kib) General vusiness, or which emploisment of the same o	orofession of and of work mature of in establishme object or (employed or (employed or (employed))  OF R  PLACE HER OR COUNTRY) N NAME THER	House ndustry ent in ployer) Baltim Unkno	own wn	•		(Signed)  *Sta Violent Accident 18 LENGT ients or At place of death	te the I Causes, stal, Suicidal H OF RE Recent R
PARENTS 6	a) Trade, particular kib) General by Usiness, or which emploisment of the second of th	orofession on on of orofession of mature of in establishme establishme or (emission) of the country)  OF R PLACE HER Or country) N NAME THER PLACE MER OF Country) ESTRUE T	HOUSE  Industry  ent in  ployer)  Baltin  Unkno  Unkno  Unkno  Unkno  Unkno	own  wn  wn  wn  or of MY KN	OWLE	DGE	(Signed)  *Sta Violent Accident 18 LENGT ienta or At place of death Where was if not at p	te the I Causes, sall, Suicidal H OF RI Recent R
PARENTS 6	a) Trade, particular kib) General vusiness, or which employed (State or control of the state of	orofession of and of work mature of it establishme had been described by the state of the state	House  Industry  Industry	own wn wn wn of MY KN Snyde	owl		(Signed)	te the Causes, tall, Suicida H OF R Recent I

#### TATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 2

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: 2 Ward) number.)

L AND STATISTICAL PARTICULARS		LARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE	SSINGLE, MARRIED, ME WIDOWED, OR DIVORCED (Write the word)	arried	16 DATE OF DEATH May 3, 1930 (Month) (Day) (Year)
July (Month)	29 (Day)	., 1.864 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to May 5, 1930. that I last saw h  alive on May 5, 1930.
yrs. 9	mos. 7 ds.	If LESS than I day hrs. or min.?	
ssion or House of work House re of industry blishment in or (employer)			Ouration) Just 3/4mos. ds.
	ore Md.	•	Contributory Secondary + Lufershhal Wiffints (Duylin) 1978 mos. ds.
Unkno	wn		(Signed) M. D.  May 5 1933 (Address) Queen for the
ountry) Unkno	Wn		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Unkno	Wn		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Unkno Unkno	wn		At place of deathmos,ds. In the Statemosds. Where was disease contracted,
TRUE TO THE BEST		EDGE	if not at place of death?  Former or usual residence
rs. George	Snyder		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Eastport	A.A. Co.	Md.	Cedar Bluff Cemt. May 8 , 19 30
1923 0	my60.	Registrar	John M. Taylor Annapolis Md.
If more bianks are	needed, address S	tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully en-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondar, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart etc. The contributory Nomenclature disease;

2 FULL NAME. Henry David Middle Stated of Extract stend of Extract stend of Extract stend of Extract number.)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 NINGLED, WIDOWED OR DIVORCED (Wints the word)  6 DATE OF BIRTH	PLACE OF DEATH	05235 STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  SHAPE  (With the word)  (With the was as follows:  (With	/ 1	
3 SEX  Make What warnied warni	16	a hospital or institu
MALL White Minds CR DINORCED (Write the word)  6 DATE OF BIRTH  AM.  (Conth) (Day) (Year that I also saw Malive on the date stated above, at 192 to that I last saw h Malive on that I last saw h Mali	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THEREBY CERTIFY, That I attended the decessed and the control of the I last saw he was as follows:  TAGE  IS OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or country)  MARY Card.  (Signed)  11 BIRTHPLACE  (State or country)  MARY Card.  (Signed)  Security  Sec	Male white WIDOWED Wir.	May 10 , 1000
B OCCUPATION  (a) Trade, prefession or R. R. Ladd Labour  (b) General nature of industry business, or establishment in which employed cr (employer)  9 BIRTHPLACE (state or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 DIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  15 FIRMLACE (Address)  16 MAY AND MENTAL (Address)  17 DIRTHPLACE (State or country)  18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Tents of death yrs. mos. ds. Date. yrs. mos. date. Date. yrs. mos. ds. Date. yrs. date. Date. yrs. date. yrs. date. yrs. date. yrs.	fan. 10 - , 1863	Jan. 1929 to May 10, 1923
(a) Trade, profession or Posticular kind of work (b) General nature of industry business, or establishment in which employed cr (employer)  Paryland,  Contributory Survey Valuation)  Paryland,  (Signed)  Parther  (State or country)  Paryland,  (Signed)  Parther  (State or country)  Contributory Survey Valuation)  (Signed)  Parther  (State or country)  Paryland,  State or country)  Paryland,  State or country  Paryland  State or country  Paryland  Paryland  Is LINGTH OF RESIDENCE (For Lospitals, Institutions, To intension Recent Residents)  Applies  Of MOTHER  (State or country)  Paryland  (Address)  Paryland  (Address)  Paryland  (Address)  Paryland  Parylan	65 yrs. 4 mos. 0 ds or min.	The CAUSE OF DEATH * was as follows:
Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 Filedbry 19 1900  MANAGERIA (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (	particular kind of work  (b) General nature of industry business, or establishment in which employed cr (employer)  PRINTHPLACE	Contributory Swaig Valoylas Descar & Sh
OF MOTHER  13 DIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  15 Filedowy 18 1907  Amus Allerg 20  18 LENGTH OF RESIDENCE (For Losspitals, Institutions, Tients or Recent Residents)  At place of Residents  At place of death yrs	FATHER Jose, Misnu.  11 BIRTHPLACE OF FATHER (State or country)  Maryland.	(Signed) James V. Bellengileg M. I
(Address)	OF MOTHER Mary Simpsius.  13 DIRTHPLACE OF MOTHER Mary-fand	At place of death yrsmos. ds. Stateyrs
Filley 18 1901 Janua Herry grow The Back the	(informant) Mrs. H. D. Museur.	if not at place of death?  Former or usual residence
If more b.anks are needed, addruss State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Registra	Turn. Lickner. Back, Ing

05235

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: a fulness of various pursuits can be known. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. sary to know cases, especially in industrial employments, it is neceswhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Acver return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Campusitor, Architect, Locomotive engineer, Civil engineer. Stationary Jireman, et. But in many Physician, Campusitor, Architect, the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed (6) ( rocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Enamples: Carebrospinal fever (the only definite synonym is "Didemic cerebrospinal meningitie"); Diphtheria (avoid use of "Choup"), Typhoid fever (Never report "Typhoid Pheumonia"; Lobar meanfanta. Bronchapnenmonia "Pneumonia."

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., seisis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephrisis, use of "Tumor" for malignant neoplasms); Measles; approved accident; Revolver wound of head-homicide; Poisonal by and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A .. unqualified, is indefinite); Tuberculosis of lungs, men-American Mcdical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwry train-Whooping Never report mere symptoms or terminal condiby Committee on eough; Chronic valvular etc. Nomenclature The contributory heart disease;

V. V. No. 1

PLACE OF DEATH County	13523 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Parole (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Charles . P.	Willington tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wildowsphared OR DIVORCED (Write the word)	16 DATE OF DEATH Secules /7 = 1930  (Month) (Day) (Year)
G DATE OF BIRTH  Aug /9, 1893  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 that I last saw halive on 1920 the I last saw halive on 19
7 AGE  38 yrs. mos. 3 ds. lfLESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
Trade, profession or Lakeoue	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Secondery
10 NAME OF FATHER Lahorler Willington	(Signed) (Durstion) yrs. mos folds.  (Signed) (Durstion) Yrs. mos folds.  (Signed) (Durstion) Yrs. mos folds.  (A) (Signed) (Durstion) (Durstio
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elina Wayson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Marylonn	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) (Mary Welling Cost	Former or usual residence
(Address) parole a a co ond	Mary & dendly NN 19, 19
15 Filed mr 19 19230 frey 6 C fra a 20	a UNDERTAKER ADDRESS amapoles
If more brenks are needed, address State Registrar	, 16 W. Seratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emnature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> maccident; Revolver wound of head-homicide; Poisoned by carpolic acid—probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart Imure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, cough; "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Amagorha (No. 74 66) 2FULL NAME MISS MORRY	St.: Ward)  (If death occurred a hospitel or institution, give its NAME stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DO 9 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Offonth)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased fr
7 AGE  5 4 yra. 4 moa. 2/8 de. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	· CERNALI CANSONS
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jamiel Brice	(Signed) (Address) (Address) (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother martha brummel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was used to the state of death?  Former or usual residence
(Informant) Could Selary se	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATE OF BURIAL OR PROVIDE OF BURIAL OR REMOVAL DATE OF BURIAL OR BURIA
15 Filed fre 31 19230 fray 6 C. gra 4	De undertaken address The selay of
If mora bianks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer treor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the busto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-ingcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l questions

HYSI-Exact STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institucertificate. ion, give its NAME in--tend of street aumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH PERMANE 4 COLOR OR RACE | 5 SINGLE. S SEX MARRIED. back WIDOWED OR DIVORCE (Write the word I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH instructions S (Month (Day) (Year) 0 7 AGE THIS If LESS than The CAUSE OF DEATH & was no follows: day .... hrs. terms 08..... ds. or .... min. ? 00 8 OCCUPATION (a) Trade, profession or plain particular kind of work..... very important. (b) General nature of industry WITH UNFADING business, or establishment in (Duration) .....yrs.....mos......ds, 2 which employed or (employer)..... Centributory 9 BIRTHPLACE Secondary State or country EA 10 NAME OF FATHER 0 ENTS 11 BIRTHPLACE state OAUSE CCUPATION isease Causing Death, or, in OF FATHER (State or country Accidental, Suicidal or Marcalla 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BINTHPLACE At place of death .... yrs. In the OF MOTHER State, 0 T Where was disease contracted, of shoul if not at place of death?... statement Former or usual residence. 63 19 PLACE OF BURIAL OR REMOVAS. DATE OF BURIAL Every 20 UNDERTAKER ADDRESS June 16 1930 Filed If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

bu in a that fact may be indicated thus: Farmer (restate - cupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DUATH, gaged in domestic service for wages, as Servant. Cook, to report specifically the occupations of person: endefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day will ever, write None. ; (6 yrs.). Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home leborer, Farm laborer. Laborer-Coal mine, etc. Wom-Never return "Laborer." "Foreman" "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ad litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthworked on may form part of the second statement. Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or it Home, who are engaged in the duties of the For persons who have no occupation and children, not gainfully em-

Streement of Cause of Death—Name, first, the pismass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerehrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

ture head of "contributory." (Recommendations on statequences (e. g., sepsis, totanus) may be stated under the ary), 10 ds. Never report mere symptoms or Nomenclature of the American Medical Association.) ment of cause of death approved by Poisoned by carbolic acid-probably suicide. train-accident; Revolver around of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaomia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" causing stated unless important. use of "Tumor" ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse-For VIOLENT DEATHS state MILANS OF INJURY death), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for malignant neoplasms); Example: Measles Committee Measles; The naterminal (second-(disease (merely not be "Con-

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PLACE OF DEATH	U1350 STATE OF MARYLAND
County a la la	(15:a) CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (Innspoto (No./3 C	Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(16 DATE OF DEATH 2 - 9- , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH  Unknow., 1	17 I HEREBY CERTIFY, That I attended the deceased from 2 9 3 9 192 to 2 9 3 992
(Month) (Day) (Year)  7 AGE [If LESS than	and that death occurred on the date stated above, at
45 yrs. mos ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or factor.	Hemplezia
(b) General nature of industry	4
business, or establishment in which employed or (employer)	(Duration) yrs. mos.
9 BIRTHPLACE (State or country) 7 Nashing Zen h C	Contributory Secondary
10 NAME OF STATHER SAME MAN .	(Signed) (Diffetion) yrs. mos. ds.
0) 11 BIRTHPLACE	193 0 (Address) SAS COLOR
Z (State or country) / Menon	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Berthe Woodo	Former or usual residence
(Address) 13 61 Brune Cort.	Toun neck lend. Tel 13 1930
15 Filed 9 11 1923 D from G. C. fr a nd	Chas E Hich & 34 Northurs
. If more bianks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. " etc., without more precise specification as Day Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, """Deal-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital" "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Carcinoma, Sarcoma, etc., of etc. The contributory affection need valvular heart disease; not be

	PLACE OF DEATH	07664 STATE OF MARYLAND
	County Anne Arundel-	GO CERTIFICATE OF DEATH
1		Registration Dist. No. 22
	Village or City Jessup, Md. (No. No.	JAMUSE of USAUTUNARD (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAMEJAMES WOO	)US == = = = = = = = number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married-Wildowed.  White White Wildowed.  (Write the word)	16 DATE OF DEATH 26th, 1930- July 26th, 1930- (Month) (Day) (Year)
	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 8th, 1920. to July 26"1930192, that I last saw h in alive on July 25th, 103,0192
	7 AGE  37 yrs Wmos ds.   If LESS than   day hrs. or min.?	
-	(a) Trade, profession or Contractor—  (b) General nature of industry	Mysearditis.
	business, or establishment in which employed or (employer)	(Duration)yrads.
	9 BIRTHPLACE (State or country) Rul Rue M	Contributory Alda Allanglusalland Secondary  Duration) yrs mos 31 ds.
	10 NAME OF /	(Signed) 13 1 M.D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, In deaths from Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	E 12 MAIDEN NAME  V.  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
M 1 1 10 10 10 10 10 10 10 10 10 10 10 10	(Informant / Weards Md H of Carrellow.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIEL Rederar Cen July 28, 1930
	Filed July 26 198 v Claya M Haslish Registrar	Les & Ruth Inc. 1735 Harlfus
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesoupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Andomobile factory. The muterial engineer, Stotionary fireman, etc. But in many or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed not gainfully em-(h) Grocery; Wom-

whatever, write None.

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicuemia," "PUERPERAL perilonihis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy; "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondar, or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomo, Sarcoma, FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all Measles. not be

PLACE OF DEATH	0149 STATE OF MARYLAND
County a Co. Co.	GERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Unnapoles (No.34 Ca.  2FULL NAME Mary & St.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) /2/ (Day) /93 P (Year)  1 HEREBY CERTIFY, That 1 attended the deceased from /2-30- 1929. to 1930.  that 1 last saw h. 20 calive on /- 1930.
7 AGE  60 yrs. T mos. 5 ds. or min.?	and that death occurred on the date stated above, atm,
(a) Trade, profession or carticular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Baltinor Md	Contributory Secondary  (Duration)yrs
10 NAME OF FATHER Samuel & Bunks	(Signed) C 1 H aloney M. D. 1-2-1923 (Address) 3 Scalarly II
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) Many Green,	if not at place of death?  Former or usual residence.
(Address) 34 Calvert II	Baup Hill Ballo. Co. Jam 5. 1930
15 Filedun 4 1923 7 2 9 4 C Fredistrar	Thas E Hicks & Thorthust
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. busine..., that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Stationary froman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted teem for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronehopneumonia\* ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar ' approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

V. S. No. 1

RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 24
Village or City Aunapolis (No. Courges	And Hos hat see The Ward (If death occurred in
2 FUEL NAME Beale WORD	St.: Ward) a (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWG, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // 3 , 1980
Movember // , 1843  (Month) (Day) (Year)	that I last saw h Maralive on Mars 3 1923
7 AGE If LESS than	and that death occurred on the date stated above, atm.
79 yrs. 11 mos. 23 ds. or min.?	The CAUSE OF DEATH * were as follows:
occupation (a) Trade, profession or Farmer particular kind of work	Er haphales
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. of mos. ds.
9 BIRTHPLACE (State or country) a, G. Co W.d.	Contributory Secondary (Durstion) yrs mos de.
10 NAME OF Brice N. Northingles	(Signed) M. D. M.
OF FATHER (State or country) Q, Q, Co. 24d.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Sellman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country), a. G. G. C. Md.	At place of death yrs mos ods.  Where was disease contracted, Drawled of the state
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mis Keekard B. Sellman	usual residence
Address Davidsonville Q. G.C. Md.	Davidsonvelle QQ 244 9/10 5, 1930
15 File 1903 0 fragle e. fragistras	John W. Saylor Simapolis
If more bianks are needed, address State Registra	r, & W. Saratoga St., Balto., Requesting V. S. No. 1.

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### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, Loborerwithout more precise specification as Doy (b) For persons who have no occupation Automobile factory. The material -Cool mine, etc. Wom-(b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebro pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by roilway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronicetc. The contributory valvular Always qualify all heart disease; not be of the

answered in detail, it will prevent further correspondence. All then data is essential and must be obtained before the certificate is permanently fied. If this certificate is looked over thoroughly and all questions

1930

		OF DEATH			14000		MARYLAND
(	County AT	ne Arundel			90		E OF DEATH
Vill	lage or City					St.: Wai	d) (If death occurred a hospital or instit tion, give its NAME i
	2FUL	L NAME	Price	Worthing	ton		stead of street a number.)
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MED	ICAL CERTIFICATE	OF DEATH
зs ma	le	4 COLOR OR RACE black	S SINGLE, MARRIED, WIDOWED, OR DIVORO (Write the w	CED		ec. 26th	, 192.3( (Day) (Year).
6 D	ATE OF BIRT	unkno			Dec.18th	BY CERTIFY, That I a	c. 26th , 1926
7 A		64? yrs. unk	na.wn	If LESS than   I dayhrs.   ormin.?	The CAUSE OF DE	curred on the date state ATH * was as follows: Insufficien	ed above, at 9:30A
p;	o) General na	of workUI	known			(Duration) UT	iknarn m
pa (b	articular kind o) General nat usiness, or est	of work	nown		Contributory Secondary	(Duration) U.T.	Unknown
pa (b	articular kind  b) General natusiness, or est  rhich employe  sirthplace	of work UI. ture of industry ablishment in d or (employer)	mown		Contributory Secondary (Signed)	A North	Unknown Milwows M
pa (b	articular kind b) General natusiness, or est chich employe  BIRTHPLACE (State or cour	of work Unk ture of industry ablishment in d or (employer) Unk  Unk	•		Contributory Secondary (Sizued)  De C. 26 19	2.30(Address)Cr.OWr	Unknown  Wille, Md.
Pi (h	articular kind b) General natusiness, or est thich employe  IRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE	of work Unitered of industry ablishment in dor (employer) Unitery)  Unitery)  Unitery  Unitery  Unitery  Unitery  NAME	nown		Signed  De C. 26 19  *State the Violent Causes, Accidental, Suicidental, Suicidenta	2. ZOAddress)Cr OWY.  Disease Causing Deat state (1) Means of lal or Homicidal.  RESIDENCE (For Homicidal)	Unknown mos
RENTS & B	articular kind b) General natusiness, or est chich employe BIRTHPLACE (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or	of work Unitered of industry ablishment in dor (employer) Unitery)  Unitery)  Unitery)  Unitery  Unite	nown nown nown		*State the Violent Causes, Accidental, Suicidents or Recent At place of deathyrs	Disease Causing state (1) Means of lal or Homicidal.  RESIDENCE (For Homestate)  mos. 8 ds.	Unknown  mos.  M. Ville Md.  ch, or, in deaths from Injury and (2) Whether  pitals, Institutions, Tra
PARENTS M	articular kind b) General navisiness, or est which employe stremely (State or cour  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN) OF MOTHI (State or (State or TAME TO MOTHI (State or THE ABOVE IS	of work Unitered of industry ablishment in dor (employer) Unitery)  Unitery)  Unitery)  Unitery  Unite	nown nown nown nown		*State the Violent Causes, Accidental, Suicid 18 LENGTH OF ients or Recent At place of death yrs	Disease Causing state (1) Means of lal or Homicidal.  RESIDENCE (For Homestate)  mos. 8 ds.	itateynknown

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, work, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. whatever, write Nonc. business, that faet may be indicated thus; Farmer Ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screan, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report taborer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Spinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic volvular heart discose; nephritis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions can wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH	08942 STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
A ( ht-ar-	Registration Dist. No.
Village or City Nortycle Malion (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Catherine Wo	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femile White Single, Married, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 9 th, 1923) (Month) (Day) (Year)
6 DATE OF BIRTH Dec 10, 1847	I HERERY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on 192
7 AGE   If LESS than	The state of the date stated above, at
82 yrs. 7 mos. 30 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Myourshie
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE	Contributory & Proventis
(State or country) Hanower Lermans	Secondary
10 NAME OF	(Durstion) yrs mos de
FATHER Herman & Wilking	(Signed) M. D.
0 11 BIRTHPLACE OF FATHER	(Address)
Z (State or country) Servicary	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
(State or Country) Muleury	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) OULS & Noylych	ususl residence
(Address) P#1 Aunapoles Md.	A Marys Cent 8-12, 1930
15 Fileding // 1923 Joney G. & Gogistrar Registrar	John M Jaylor Cumbedle
If more banks are needed, addre a State Registral	V6 W. Saratoga St., Balto., Requesting V. S. No. 1.
	My

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ..... (name origin; "Cancer" is less definite; a void diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Whooping FOR VIOLENT DEATHS State MEANS OF INJUNY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County LL CV	CERTIFICATE OF DEATH
/ / / / / / / / / / / / / / / / / / / /	Registration Dist. No. 24
FUEL NAME Mine Wich	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH , 1876	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
(Month) (Day) (Year)  AGE    If LESS than   day	and that death occurred on the date stated above, at 1.0 m.  The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Jubirculoses
business, or establishment in which employed or (employer)	(Duration)yrsds.
(State or country)	Contributors Secondary  (Durstion)  (Durstion)  (Durstion)
10 NAME OF FATHER POOR Undungton	(Signed) M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MALELLA MARINON.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, Stateyrsmosds,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Haules Mucht	Former or usual residence
Filed Gre 23 1930 france C. fra me	Doop Chape Calvert or 34 bushings
If more b.ank are needed, addre.s htate Negistran	, 15 W. Saratoga Et., Balto., Requesting V. S. ho. 1.

### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Flanler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery

s. inal menin\_itis"); Dinhtheria (avoid use of "Croup ed term for the same dise\_se. Examples: Cerebros pinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fover (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> st\_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(E:haustion," "Heart lanure, Lacure, "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "home dofinite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia, "" "Weakness," etc., when a definite disease (secondar) or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the disease; not

answered in detail, it will prevent further correspondence. All the dita is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

WRITE

V. S. No. 1

instructions on back

is very important.

Filed / 9 - 8

PLACE OF DEATH  County ann arundel.  Village or City Delmont (No	14638 STATE OF CERTIFICATE Registration	OF DEATH Dist. No. 23
2 FULL NAME Harry Peters Yea		tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Security (Month)	
September 2-2 21 1865  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That 1 at 192	tended the deceased from , 192, 192,
OCCUPATION (a) Trade, profession or particular kind of work  [If LESS than I day hrs. or min.?	and that death occurred on the date states The CAUSE OF DEATH * was as follows: Protess Wound of Head Se	dabove, at 74. m.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	Time de at
(State or country)  10 NAME OF FATHER  SAME H. GEORGY.	Secondary  (Duration)  (Signed) Stave Sure  (Signed	larane M. D.
OF FATHER (State or country)  12 MAIDEN NAME Harriett amanda for his-	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)  Penn.	At place of deathyrsmosds, In the Sta	teyrsmosds.
(Informant) Lev. C. Heagy	if not at place of death?	DATE OF BURIAL
(Address) 405 C. Lanvals H. Ball. Ho	19 PLACE OF BURIAL OR REMOVAL	Dec. 11 , 1930.
15 Filed/Q-8 1031 Le Klaroffe	20 UNDERTAKER	Bask. ma.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more known coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure, Haemorinage, "Shock," "Shock, (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

1 PLACE OF DEATH	05236 STATE OF MARYLAND CERTIFICATE OF DEATH
County Anne Arundel	Registration Dist. No. 23
Village or City Brooklynn (No. , 10	O.5 Annapolis Street Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEDSingle (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 A HEREBY CERTIFY, That lattended the deceased from
6 DATE OF BIRTH	Mar. 1 19230, to May 2, 19230
July 14 1928 , 1———————————————————————————————————	and that death occurred on the date stated alove, at 9:30 mm.
If LESS that I dayhr.  s occupation  (a) Trade, profession or particular kind of work	The CAUSE OF DEATH % was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Couvelacous de.
10 NAME OF John F. Young	(Signed) NET. Campbell M. D.
11 BIRTHPLACE OF FATHER (State or country) Balto. Md. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violett Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Carrie Kaufman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Balto. I.d.	At place of death yrs mos da. State, yrs mos da.  Where was disease contracted,
(Informant) Nrs. John F. Young	Former or usual residence
(Address) Brooklynn Nd.	Cedar Hill Cemetery
Filed 5 May 1923 Aldrill Registrary	J. Few M. Gully 130 6. Fort
more blanks are needed, address State Registra	ar. 16 W. Saratoga St., Balto., Requestion V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed Civil engineer, Stationary fremen, etc. But in many whatever, write None. (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-The material

Structure of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (nume origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal scpticaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all vulsions," Chronic interstitial nephritis, etc. The contributory ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congcuital," "Senile," etc.), Chronic valvular heart Example: Measles (disease The na-(merely (second-

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MARGIN RESE	WITH UNFADING IN
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	WRITE

V. S. No. 1

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.07	of DEATH			02586		MARYLAND E OF DEATH
				(91-5)	Registration	41
	Crownsvi			81	St.: Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSON	AL AND STATIST	ICAL PARTICU	JLARS	MEDI	CAL CERTIFICATE	OF DEATH
female	4 COLOR OR RACE black	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	erried		h 8th	, 192 <u>30</u>
6 DATE OF BIRT	Unkno (Month)	******************	, 1 <u>854</u>	17 I HEREB	Y CERTIFY, That I at	ttended the deceased from arch 8th ,1920 h 8th 192
7 AGE	76 yrs. unk		If LESS than    day hrs.    or min.	and that death occu		d above, at 1:30P m.
(b) General na business, or est which employe 9 BIRTHPLACE	ture of industry tablishment in d or (employer)	Domestic	200000000000000000000000000000000000000	Contributory Secondary	(Duration) Senile de	17 <sub>y10.</sub> moe de.
(State or coun	2020 7 7 20			(Signed)	XIII	Wisheld M. D.
OF FATHE (State or 12 MAIDEN	country)	nd		*State the Violent Causes, Accidental, Suicidal	O(Address) O OWIL Disease Causing Death state (1) Means of I	or, in deaths from njury and (2) Whether
12 MAIDEN		tta Jacks	son		ESIDENCE (For Hosp	itals, Institutions, Trans-
13 BIRTHPLA OF MOTHI	ER TE	nd		At place 6 of death 7	mos. 25 ds. In the	e ate Tyrs Co t most conds.
(Informant)	Hospital		EDGE	Former or usual residence	arles Count	y, Maryland
(Addre	ess) Growns	wille, Ma	Allend	7/6/10	enlay-	3/13 , 19
Filed (2)	15 192 0	001	Registra:	20 UNBERTARER	those Super	ADDRESS Waterbury
	If more branks are	needed, addre.a	State Kegistran	, It W. Saratoga St.,	Balto., Requesting V.	s. no. 1. Mid

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; Nomenclature contributory

	County	Anne	Arund	el		(
Vil	lage or Cit	у	Crown	sville Sta	te Hosp	ita.
	2FL	ILL NAM	E	Richard	H. You	ng
	PERSO	NAL AN	STATIST	ICAL PARTICU	LARS	
3 5	male		R OR RACE	SSINGLE. WI MARRIED, WIDOWED. OR DIVORCED (Write the word)	dowed	16 DA
6 [	DATE OF BI		nown (Month	) (Day)	, 1.870 (Year)	17 Je
7 A		60 ,	rs. unk	mown ds.	If LESS than I day hrs. or min.?	
	articular kii b) General 1			Unknown		
b	usiness, or which emplo	establishm yed or (em	ent in			Co . S
b	usiness, or or hich emplo	establishmyed or (em E buntry) M	ent in ployer)			
9 E	usiness, or which employs a service of the control	establishm yed or (em  E  Duntry) M  DF  LACE HER or country)	ent in ployer)			(Signed
b	Usiness, or which employs the	establishm yed or (em  E Duntry) M  OF  LACE HER or country) N NAME HER  PLACE HER	ent in ployer)	i i		Vice Atte
PARENTS	Usiness, or othich employs the	establishm yed or (em  E puntry) M  OF  LACE HER or country) N NAME HER  PLACE HER r Country)	ent in ployer)  aryland  Unknown  Unknown  Unknown  Unknow	i i		Vica Aug
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#### 08943 STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No. 7

(If death occurred in a hospital or institu-

ng	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	E OF DEATH
16 DATE OF DEATH	
_	(Day) (Year)
Jan. 23 1930 to	
that I last saw h im alive on Aug	
and that death occurred on the date star The CAUSE OF DEATH * was as follows:	
General Arterioscler	
	*
	0xx00,00x40x40x40x400x40000000000000000
	unknown osds.
Contributory Senility	
(Delegation)	Unknown mos. 4 ds.
(Sened)	11/19/013, M. D.
Aug.1st 192 30(Address) Crow	
*State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Holients or Recent Residents)	spitals, Institutions, Trans-
At place of death yrs. 6 mos. 18ds.	the State Lifetime ds.
Where was disease contracted, if not at place of death?	
Former or usual residence Prince George	's Co. Md
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Boundly my	leng 3, 193 D.
20 UNDERTAKER Sus. G. Butter Inve	Moleus Tus
M. M. IZUWU // IV	7 / / / / / / / / / / / / / / / / / / /

If more brank are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed work, should be used only when needed. As examples: (a) busines, that fact may be indicated thus; Farmer (reer," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) first line will be sufficient, c. g., Farmer or Planter, or For many occupations a single word or term on Form laborer, (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully em without more precise specification as Day For persons Automobile Loborerwho have no occupation factory. The material -Coul mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed te: a for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid Jever (never report "Typhoid Pneumonia", Lobar pneumonia, Bronchopneumonia ("Pneumonia",

> approved "Uraemia," "Weakness," etc., when a definite disease 10 ds. American Medical Association.) (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid -- probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Examples: Accidental drowning; Struck by ruilway train (secondar or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature "Heart failure," "Haemorrhage," for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Meosles (disease etc. The contributory not be

	PLACE OF DEATH	And the last	CERTIFICATE	OF DEATH
Co	ounty Unne armellel Co	(95)	Registration	21
Villa	2 FUEL NAME Hannie Zaradi	adisen	St: Ward)	
7	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 91	loual Louis Single, MARRIED, Willowed OR BIVORCED (Write the word)	16 DATE OF DEAT	Sucurter (Month)	(Day) , 192 v tended the deceased from
6 DA	(Month) (Day) (Year)	that I last saw he		(L. V , 1020.
7 AG			ATH to was as follows:	ardio-ranular
(a) pa (b) bu	CCUPATION ) Trade, profession or articular kind of work. ) General nature of industry usiness, or establishment in hich employed or (employer).  RTHPLACE	Contributory	(Duration)	fyre moo de
	(State or country) Landa 10 NAME OF FATHER Unhanna	(Signed)	Self asp	Alloc M.B.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Viglent Causes, Accidental, Suic	Disease Causing Death state (1) Means of In- idal or Homicidal.	h, or, in deaths from jury: and (2) whether
PAI	OF MOTHER (MMMM)  13 BIRTHPLACE OF MOTHER (State or country) (MMM)	18 LENGTH OF R ients, or Recent At place of death yrs.	Residents) In th	pitals, Institutions, Trans- te,yrcmos. de.
14 T	CHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informati)	Where was disease con if not at place of death Former or usual residence.		
15	Filed Jec. 5 1930 Joseph C. Joseph C	Salto.  Obbertaker  acc	Lewis 143	ADDRESS OF SUCK. A. S. No. 1.

STATE OF MARYLAND



(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Gook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form par of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen. etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day should be used only when needed. As examples: (a) whatever, write None. (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Etitement of Cause of Death—Name. first, the Riscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcorospinal fever (the only definite synonym is "Epidemic carebnospinal meningitis"); Diplitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

> conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained a the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma," Chronic interstitial nephritis, etc. The contributory quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. "PURRPERAL septicuemia." "PUERPERAL peritonitis," vulsions." ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Possoned by curbolic acid-probably suicide. The untrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) of "contributory." FOR VIOLENT DEATHS STATE MHANS OF INJUST "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (discase failure." "Haemor-Measles; (second-(merely not be etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

101

	07665
PLACE OF DEATH	STATE OF MARYLAND
County ann areadel	CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Point Placest. (No	St.: Ward)  St.: Ward)  a hospitul or institution, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Polest Windows (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Nonth) (Day) (Year	that I last saw h alive on , 192,
7 AGE [if LESS than	and that death occurred on the date stated above, at
60 yrs. 7 mos. 2 ds or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	forlowing arrange - Ammideati.  (Duration) yro moo do.
9 BIRTHPLACE (State or country) Lithurnia -	Contributory Secondary  Duration yrs mos ds
10 NAME OF LENKNOWS	(Signed) See So Do so Common Mo
OF FATHER Z (State or country) Lithuania	(2) tate the Discase Causing Feath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CF MOTHER UNKnown'	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Lithuania	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mars. Caroling Jurowsky	Former or usual residence
(Intormant)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ball. Ind-

4. S. No. 1

N E

(Address)

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(Approved by U. S. Census and American Public Health Association.)

taborer Parm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile Jacony. The instruction worked on may form part of the second statement. Never return 'Laborer," "Fareman," "Manager," "Teal-Spinner, (b) Collon mill; (a) Salesman. (b) treerry; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement. it should be used only when needed. As examples: nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g. I wither or Phanter, tion applies to each and earry person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-Housemaid, etc. Physician, Compositor, Architect, report specifically the occupations of etc., For many occupations a single word or term on OF yrs). For persons 17 without more precise specification as Home, and children, Stationary Jireman, et . (a) the kind of work and also (b) the If the occupation has been changed who have no occupation Locomotive engineer, not gainfully em-But in many persons en-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal fover" (the only definite synonym is "Tydemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pneumonia Bronchopmenmonia ("Pneumonia";

"Exhaustion," "Heart " "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'MA .. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. diseases (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. resulting from childbirth or miscarriage as by or intercurrent) affection need cough; Committee on Nomenclature of the Chronic valvular heart The contributory . g., sel sas, disease; not be